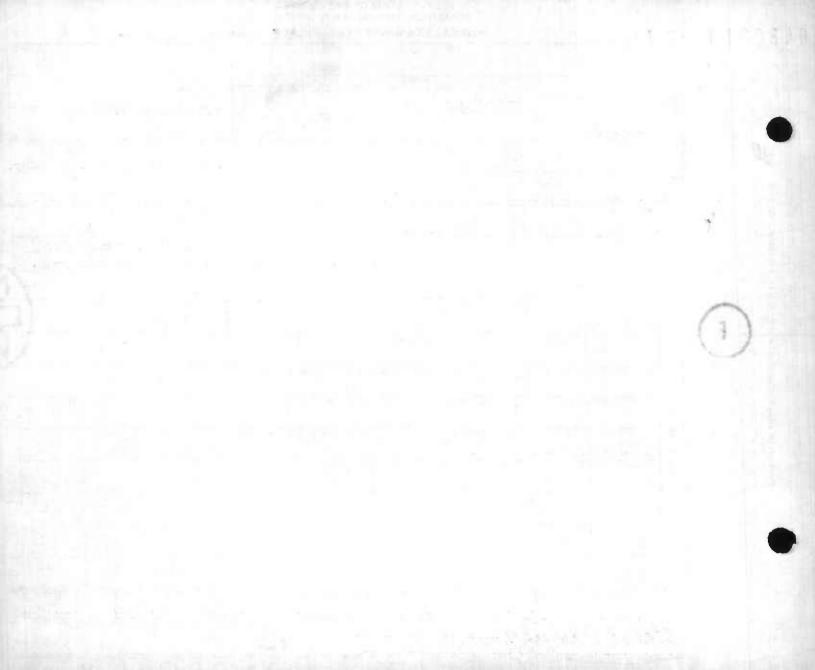
			STATE OF MARYLAND										
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8	MARK 25 5 5		(DUE TO, OR AS A CONSEQUENCE OF										
- 20	THE TS		Canditions, if ony, which										
	OR THE A		gave rise to immediate (b)										
2	00.211		lying cause last.										
	XECUTE JG" IN CAL EXA BURIAL AND M		(c)										
2	NA BEA	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
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	E, WE SWAR SWAR STATI		AT WORK AT WORK home 3349 Lander Road, Brunswick, Fre	derick,MD									
	CATE. FORV THE SI		22a. I certify that I taak charge of the remains described above, held an Autapsy 🖺 Inspection 🔲 , Inquiry 🔲 , and in my op	inion									
	EXAMINER: CERTIFICATE JULD BE FOR UDIRECTOR: (, WITH THE S MARYLAND,		death resulted from: Notural couses , Accident , Suicide X, Hamicide , Undetermined manner ,										
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23/4	DHMH - 17	24. FI	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250-REGISTRAR 250-REG										
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2s DATE OF DEATH DECEASED NAME MAF 4 RACE 5. DATE OF BIRTH 6 AGE | IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH 1915 PRI TO BIRTHPLACE (STATE OFFOREIGN TE CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Frederick County, U.S.A. Pa. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frederick Frederick Memorial Mospital Homemaker 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21701 Frederick Frederick Maryland YES X NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Swisher Cora John Ketterman Mrs. Patricia A. Baker.] Frederick, Maryland 2170] 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 19 Vienna Wh. 215-20-9046 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICAT 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an_ and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 776 SIGNATU DEGREE 22c. DATE SIGNED ATTENDING ? MEDICAL DIRECTOR PHYSICIAN PHYSICIAM MPORTANT 22d PHYSICIAN 5 NAME OF HIGH 22e ADDRESS o p 0 736 BURIAL CREMATION REMOVAL JIB DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION .2.1987 Resthaven Mem. BP. Gardens Frederick Frederick 250. DATE REC'D. BY REGISTRAR SHILL Keeney Basford Funeral Rome, 106 DHMH - 16 60M 7/84 East Church St., Frederick, Md. 21701 Julia Davidson Pandall (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN [X] MONTH (TYPE OR PRINT) B NECESSARY, PLEASE FEUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET, FRANCES W. **ASHBURY** DEATH MATED 11 10 87 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 1. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOLINCED Female Caucasian March 29,1908 78 DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia USA DIVORCED [Frederick County WIDOWED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Frederick Memorial Hospital Frederick Ret. Teacher Bd. of Educ. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c STATE 136 COUNTY 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frederick 1604 N. Market Street 21701 Frederick YES & NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Walker Rixeu John Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 1604ESN. Market St. (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 230-30-4707 Rev. Maurice D. Ashburu Frederick, Md. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate 3 cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES TO NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ANY MONTH DAY YEAR UNDERLYING AOR Passenger of auto/multiple vehicle collision. CONTRIBUTING CAUSE OF DEATH 9:37P.M. 1-11-1987 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK Frederick, Rt. 15 so. US 340 MD road AT WORK X 220. I certify that I top charge in the remains described above, held an Autopsy Inspection lnquiry and in my opinian A., X death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 1 - 12 - 87SIGNATURE 111 Penn St., Balto., MD EXAMINER'S NAME Charles P. Kokes, M.D. 21201 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1/14/87 Frederick, Frederick, Maryland Mt. Olivet Cemetery Burial 07/84 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 1201 N. Market St. DHMH 17 (VR A15 ME (5)) Son YAA Frederick, Md.



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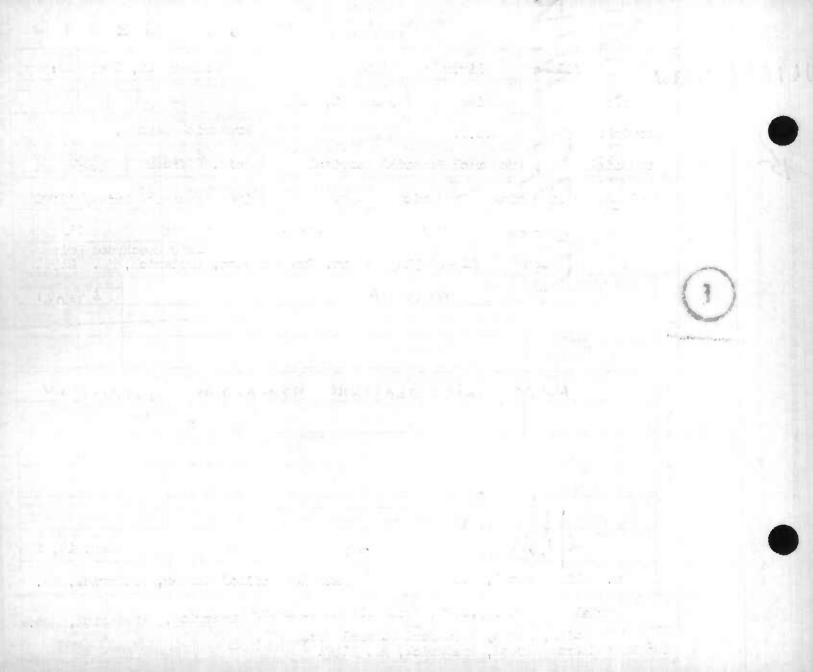
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 28, 87 Januaru CHARLES THOMAS BECKWITH 5:30 P 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX NOV. 1921 10 65 Male Caucasian TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Frederick, U.S.A. Maryland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ret. U.S. Govt. INDUSTRY None Frederick Memorial Hospital Frederick USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 1134 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 7011 Basswood Road/ 21701 Frederick Frederick KKON Maryland 15. MOTHER'S MAIDEN NAME I FATHER'S NAME MIDDLE MIDDLE Yantz Bertha Beckwith Curtis George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 7011 Basswood Road (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) Frederick, Md. 21701 215-12-2092 Mrs. Jane M. Beckwith W. W. II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Jan. NOF YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE TAT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 86 220.1 certify that (1) (this haspital) attended the deceased from 127 sow the deceased alive on. and that in (my) (our) appeared death occurred on the date and hour and from the causes stated obove, (1) (we) (did | (did not) view the body offer death 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING ** MEDICAL STAFF
PHYSICIAN ** DIRECTOR | PHYSICIAN | 1 - 30 - 87M.D. 774 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 804 Toll House Ave, Frederick, Md. A. Austin Pearre, Jr., M.D. P.A. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b. DATE Smithsburg Washington Md. Smithsburg Crematory Cremation 1-31-87 ADDRESS 1201 N. Market 1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO DHMH - 16 50M 4/83 Frederick, Md. FR 05 (VRA 15, 4) Robert E. Dailey & Son, P.A.

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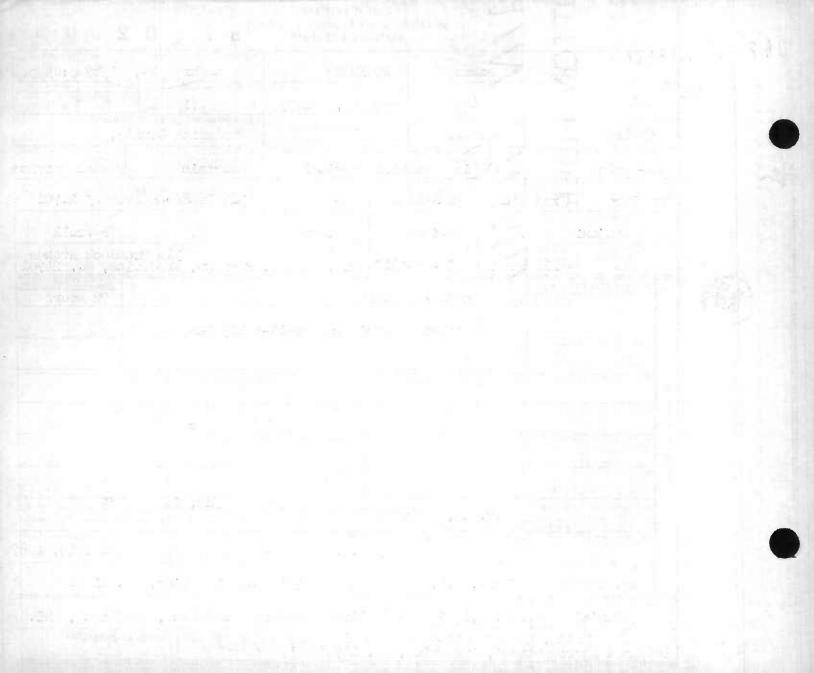
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR TTYPE OR PRINTS William Oliver BEST January 12, 1987 10:50p. 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER LYFAR IF UNDER 24 HRS June 1917 Male White BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED Frederick County. U.S.A. Maryland WIDOWED & CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY County 12¢ USUAL OCCUPATION Frederick Memorial Hospital Admin. Officer Frederick Government 1200 Beechwood Drive/ 21701 Frederick 13d. INSIDE CITY LIMITS? Maryland Frederick YES XX 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Preston Hester Hallar John Thomas Best. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 1200° Beechwood Drive None 215-05-3313 Mrs. Frances Best. Frederick. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY-MAYSENA 3 YEARS IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which couse lol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION NFERIOLATERAC TIYOCALLDIAL 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71a PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22u.1 certify that (1) (this baspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (Il (we) (did) 72% SIGNATURE DEGREE 22c DATE SIGNED MEDICAL Jan. 14, 1987 nD PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TO THE COMMENT 22e ADDRESS Dr. Julio Menocal, M.D. Parkview Medical Center. Frederick. Md. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION (SPECIFY) Burial Jan.15,1987 Mount Olivet Cemetery STATE Frederick, Frederick 24 FUNERAL DIRECTORS mith, Keeney & Basford Funeral Home 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Desideren Kan 106 East Church Street, Frederick, Md. 21701 (VRA 15, 4)



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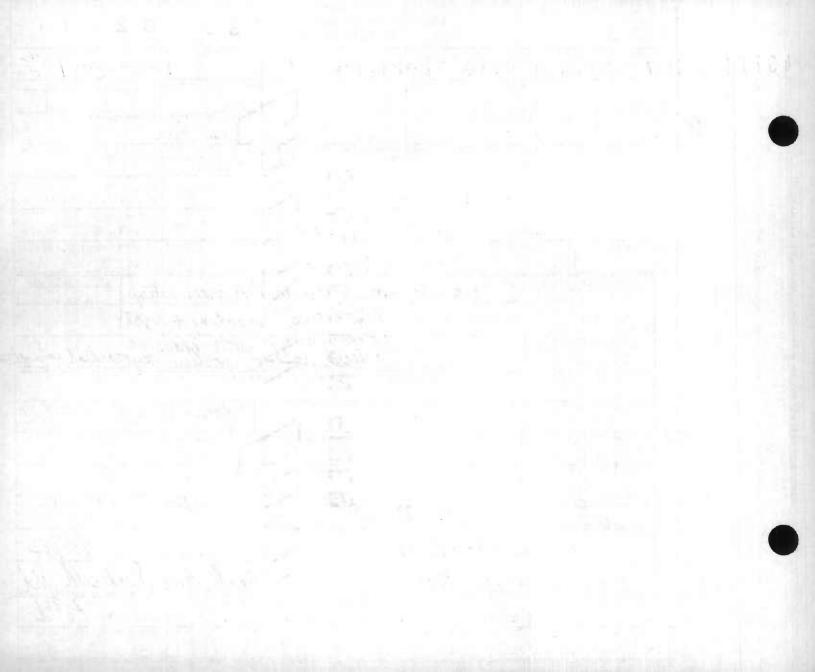
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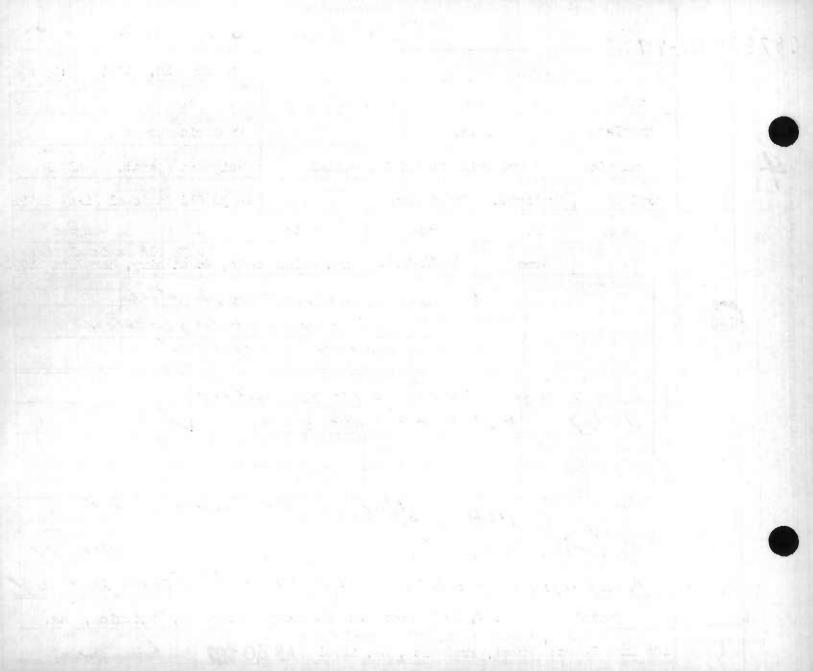


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 24 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 1120 ruchel 1 SEX DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Female. White April 11, 1947 O. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Kansas U.S.A. Frederick County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Frederick Memorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Media Specialist Education JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 7305 Parkview Drive Frederick Frederick 21701 NOX FATHER'S NAME 15. MOTHER'S MAIDEN NAME Needy John Goshorn Louise 17. INFORMAN William A. Bruchey III In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) None 231-68-5133 7305 Parkview Dr., Frederick, Md. 21701 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10)_ DUE TO OR AS A CONSPOUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHITE 22a 1 certify that (1) (this hospital) attended the deceased from ., and that in (my (our) opinion death accurred an the date and hour and Iram the causes stated DEGREE 22c. DATE SIGNED ATTENDING should be deta PHYSICIAN | DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4 West Seventh St., Frederick, Md. 21701 P. Gregory Rausch MD 73c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Cremation Smithsburg Crematory Jan. 29. 1987 Smithsburg, Washington, Md. 14 FUNERAL DIRECTO Smith, Keeney & Basford Funeral Home 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 106 East Church St., Frederick, Md. 21701 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME MONTH 4 RACE AGE TIN YEARS LAST BIRTHDAY 3. SEX MALE WHITE 06 1930 **BALTIMORE CITY OR COUNTY OF DEATH** a BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MD USA FREDERICK WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FREDERICK FREDERICK MEMORIAL HOSPITAL FARMER FARM WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 6039 Elmer Derr Rd., 21701 MD FREDERICK FREDERICK NO X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST ALC: CLE MIDDLE TAYLOR MILTON LEE BURDETTE SADIE MAE 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** Frederick, MD NO OR UNKNOWN) N/A 6039 Elmer Derr Rd., 578-40-8641 Dena Burdette 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CORONARY artem obstruction My DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE OR 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) STREET WHILE NOT WHILE 220 I certify that (this haspital) attended the deceased from. sow the deceased alive on above. (D/(we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and have and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL old be deta -DIRECTOR - PHYSICIAN PHYSICIAN 27e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURIAL 2/2/87 St. Paul's Cemetery Pt. of Rocks Frederick G. DOUGLAS STAUFFER 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND DHMH - 16 60M 7/B4 1621 Opossumtown Pike, Frederick, MD 21701 (VRA 15, 4)

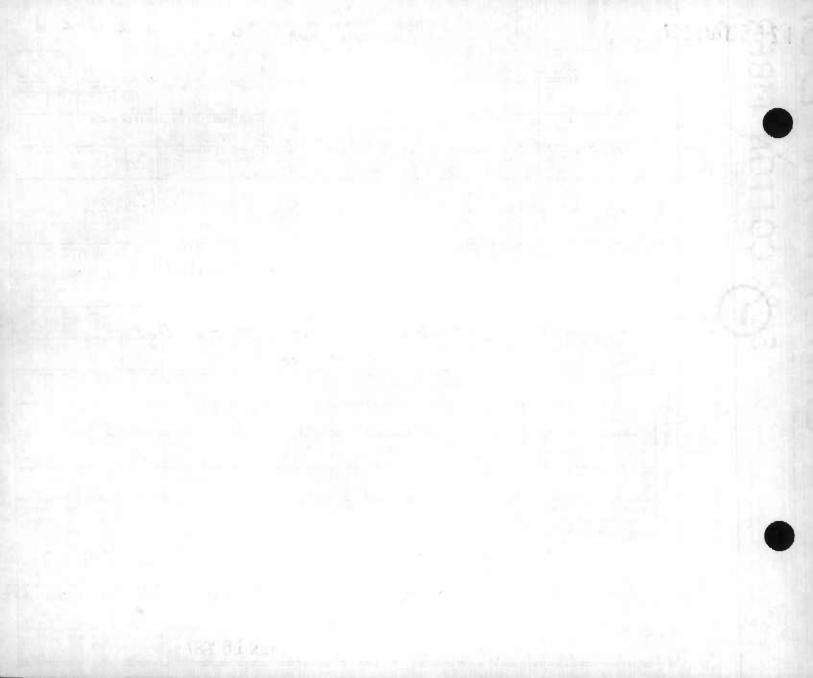




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1621 Opossumtown Pike, Frederick, MD 21701

(VRA 15, 4)



043273 FET +9 STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH 2h. HOUR 1. DECEASED NAME (TYPE OR PRINT) Closton Howard .0 Cox IF UNDER LYEAR A RACE TIM YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH MONTH YEAR Caucasian Male 1910 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina Frederick U.S.A. WIDOWEDIX DIVORCED [O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Bus Driver working life) INDUSTRY Frederick Meridian Nursing Cente Erederick Transit. Co. 13a STATE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Kensington Maruland Montgomery NO [2911 Poregou Drive 20895 15 MOTHER'S MAIDEN NAME A FATHER'S NAME Maudo Samuel Cox Scotton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. daughter 12610 Moxley Crest Drive (IF YES, GIVE WAR OR DATES) Mary Jo Rucker UOS APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO 1 ten asclasta Conditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOID NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OR TOWN AT HOME, STREET FACTORY OFFICE FARM, ETC 1 22a. | certify that (1) (this haspited) attended the deceased from. saw the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (L) (we) (did) (did not) view the body ofter deoth 22h. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS TOLL HOUSE AND TREDERICIE, MDF170, 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23h DATE Burial Feb. 4, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. 24 FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 16 50M 4/83 500 University Blvd. West. Silver Spring. Md. (VRA 15, 4)

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retained by the hospital or TO FUNERAL DIRECTOR. At should be detached for use a with the State Dept. of Health IMPORTANT. If them 21 is man		22a. I certify that (I) (the saw the deceased a obave, (I) (mer (did)) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	did not view	the body olter		7, on	d that in (my) (pur) opinion of DEGREE ATTENDING PHYSICIAN PARTIES ADDRESS	, to 31 January death occurred on the do	ate and hour or	tho and Irom the course DATE SIG	
O HOSPI											
	23a E	URIAL, CREMATION, REA		DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)	/	INERAL DIRECTOR WITHTICH F 415 F. WIL	MERM.	BLUD.	E ADDRESS HAC	s. 1	ARRYLAND FE	B 9 1987	256 DECISION	S SIGNATURE	

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TO HOSPITAL

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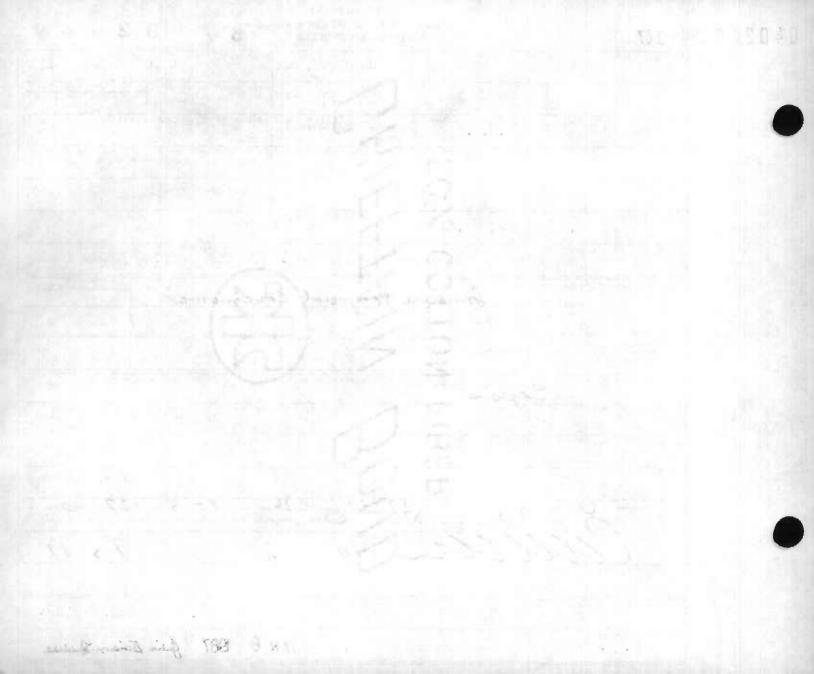
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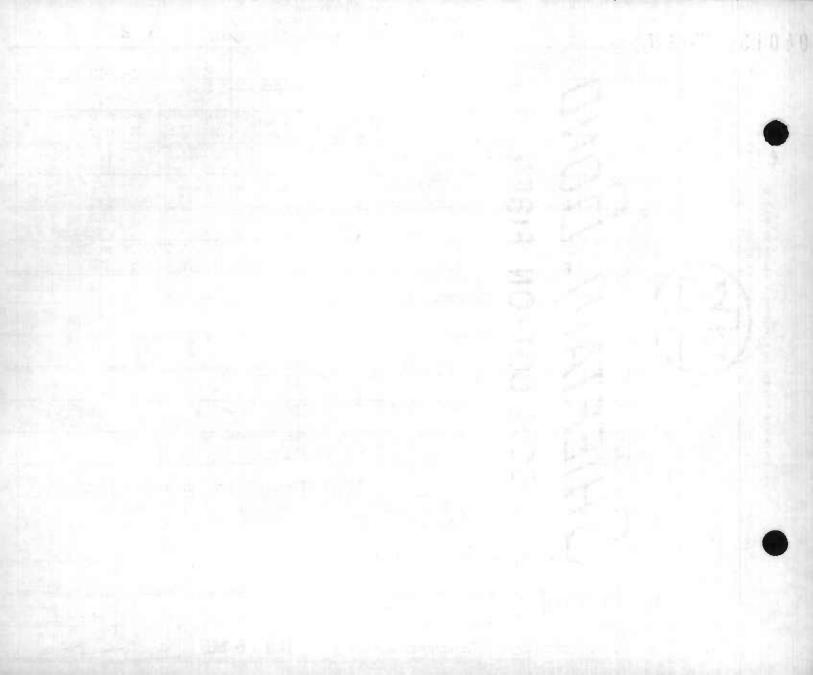
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 0 2 0 2 0										
	CEASED NAME FIRST LUTH		ER BOYER		Ĺ/	CRAMPTON,		2a DATE OF DEATH	4:30AM		
3. SEX	MALE		4. RACE WHITE		5 DATE O	10/22/22 vi		6. AGE (INYEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER SMONTHS DAYS HOURS YRS			
	RTHPLACE ISTATE OR FO	DREIGN 7	U.S.	A .	MARRIEI WIDOWE	D Mever Marri	ED 🔟	9 BALTIMORE CITY OF COUNTY OF DEATH FREDERICK			
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13UA	AL RESIDENCE (IF MURSIF	ISB CORR	EDERICK	GIVE RESIDENCE BEFO	PRE ADMISSION)	13d. 1NNOE CITY LIV YES NO	AITS?	130.STILEBLANDERERSO	TTOMPEROAI)	21771
14 FA	THER'S NAME LUTHER	B. CR	AMPTON,	SR. LAST		15. MOTHER'S MAII DOR	OTHY	LONG MIDDLE		LAST	
160 V			NER DATES) 166 SOCIAL SECURITY NO 17 INFORMANT ISABEL S. CRAMPTON 13344						13344 BO	OTTOM	1 ROAD
	18 CAUSE OF DEATH (Enter only one cause per ling for La), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immediate Cause (a)										ATE INTERVAL ISET AND DEATH
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a-										
CERTIFICATION	19a. DATE OF OPERAT	ON	196. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED)	20a AUTOPSY? YES NO	IN CERTIFYING CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDER CONTRIBUTING C.	AUSE OF DEAT	HOUR A./	A. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	NTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)		
MEDICAL	21d INJURY OCCURR		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)			211 LOCATION STREET		CITY OR TO	WN COL	YINIY	STATE
	27a 1 certify that (1) his hospital) attended the deceased from 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19										iuses stated
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-5-87										GNED - 87
	RONALD E. MILLER 4 CULWELL DRIVE MT. AIRY									MD_	
23a B	SURIAL, CREMATION, P SPECIFY) BURIAL	REMOVAL	23b. DATE O1	/08/87 236	CHAPI	EMETERY OR CREM. EL CEMETER	ATORY Y	23d LOCATION CITY OR NR	LIBERTYF	9WN	FRED. N
24 FU	NAD. D. H	ARTZL	ER	ADDR	IBERTYT	TOWN, MD	JAN	REC'D. BY REGISTRAR 8 1987	256 REGISTRAR'S S		

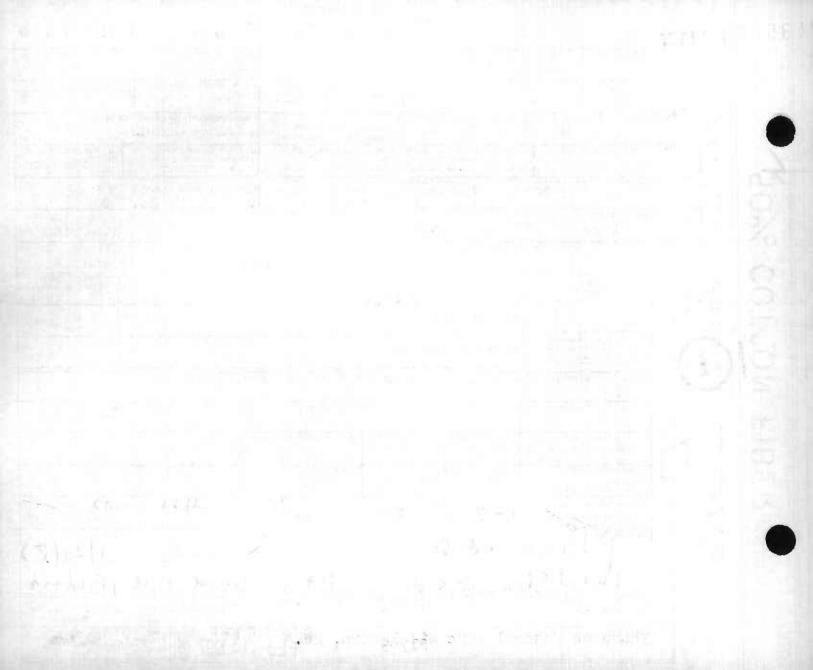


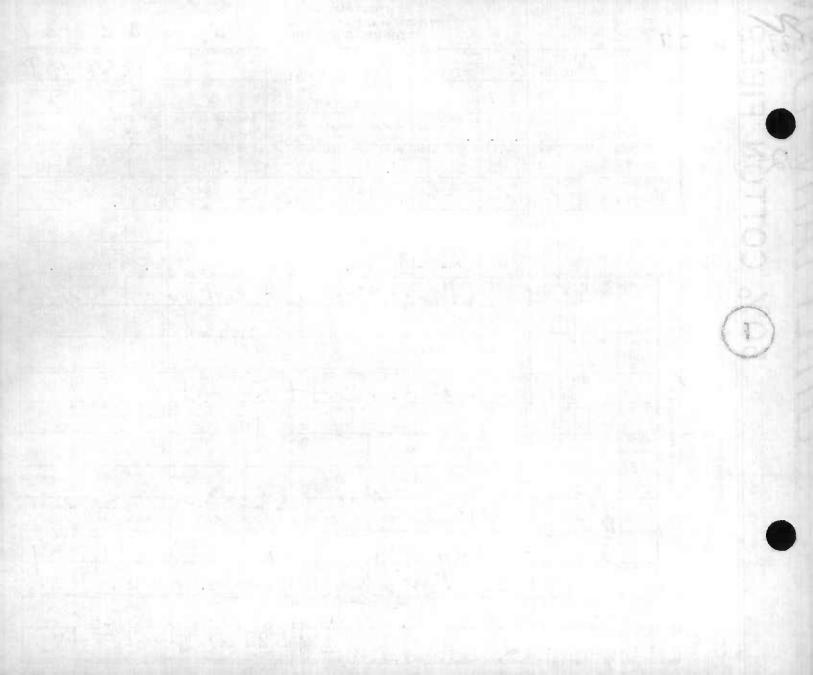
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN FIRST DECEASED NAME (TYPE OR PRINT) ESTI-OF DEATH MATED RONALD. HARRY DARROW 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1 - 1 - 87DEAD Male White 44 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! Frederick County II.S.A WIDOWED DIVORCED Wisconsin ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Frederick 10207 ATTVIEW Drive machinist tool mfg USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 10207 Allview Drive 21701 YES [NO X Frederick Maryland Frederick 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Emma McCunn Harry Darrow 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 10207 REAllyiew Drive I (IF YES, GIVE WAR OR DATES) Vietnam War Myra S. Darrow Frederick, MD 330-36-0601 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CREM CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 5PM (2) 1-1-87 UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH self/inflicted 1-1-87 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) 10207 Allview Drive Frederick, Maryland WHILE AT WORK home 220. I certify that I took charge of the remains describe (HEAD) Autopsy X Inspection Suicide X Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT) Margarita A. Korell 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION STATE Burial 1/3/87 Fairmount Cemetery Libertytown Frederick MD 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Libertytown, MD JAN D. D. Hartzler (VR A15 ME (5))



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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir retending physician. ther this certificate has been light as the buriof-tronsit permit. The thond Mental Hygiene prior is the orked or them 18 shows gay in the	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, Y IN CERTIFYI YES	WERE FINDING NG CAUSES C	GS USED OF DEATH?
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y the hory the hory the hory the horse Depth of the Depth		77h SIGN PIRE	nio o	NN.		ATTENDING PHYSICIAN	MEDICAL STA		224. DATE S	g(V)
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(VRA 15, 4)

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Burial

Pine Grove

23d LOCATION Mt. Airv

Carroll

Md.

24 FUNERAL DIRECTOR Charles W. Burrier, Jr. Sykesville, Md

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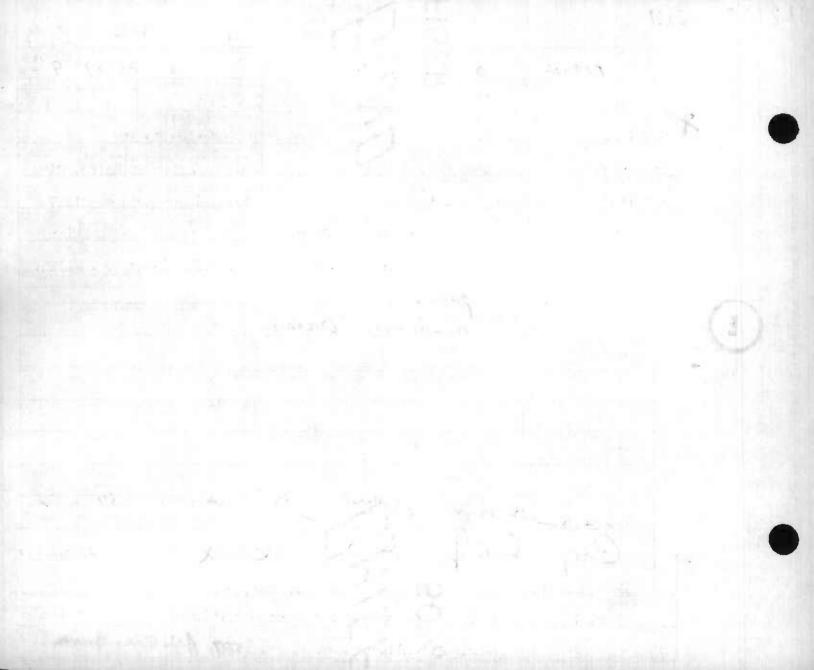
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH! REGISTRAR FIRST I. DECEASED NAME Zb. HOUR DATE KNOWN MONTH TYPE OF PRINT ESTI-S NECESSARY, REASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS. W. PRESTON STREET, DEATH MATED X Franklin EARP James 4 RACE & AGE (IN YEARS 2d. HOUR 3 SEX 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 191 June Male White 6 6 DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED Maryland U.S.A. Frederick County. WIDOWED DIVORCED W.E. IF ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 SHOULD BEALLED, RECORDS, 201 W. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION | TYPE OF WORK | 120. KIND OF BUSINESS FOR MOST OF WORKING LIFE! Laborer OR INDUSTRY Behind 29 East Fifth Street Frederick USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 307 East Trede 13d. INSIDE CITY LIMITS? 3CCITY OR TOWN Third St. 21701 rederick Frederick Maryland East NO [2, A 3. R 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Washington Viola Mullican Earp L. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Mr. James (YES, NO. OR UNKNOWN) Earp I LIF YES, GIVE WAR OR DATES) Yes WW 4084 Frederick. CAUSE OF DEATH (Enter only one couse per PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-TH OF HEALTH AND MENI RIAL, CREMATION, OR lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DETAIL WITH THE STATE DEPARTMENT OF SALEMORE, MARYLAND, 21201 PRIGR TO BURIO. YES [] NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion deoth resulted Homicide Undetermined monner TITLE (SPECIFY) 1-25-1987 EXAMINER'S NAME Robert J. Thomas, MD 812 Toolhouse Ave., Frederick, Md. TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Frederick Gardens BP Frederick Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH O REGISTRAR 1. DECEASED NAME 2a DATE OF DEATH 2b. HOUR poge 3 (TYPE OR PRINT) 1987 PINK January 7, June Marie 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS July 1. 1916 AR Female White Ja. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland WIDOWED DIVORCED | Frederick County. IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Citizens Nursing Home Tavern-Restaur LITYPE OF WORK FOR MOST OF WORKING HEE Frederick Tavern owner USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY Frederick 13 SIREE ADDRESS / ZIP CODE 1501 HOSemont Ave., 21701 136 INSIDE CITY LIMITS? Maryland Frederick 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marie White Paul Mason 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 23011 Ward Kline Road (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Marlene J. Troxell, 214-14-7627 Myersville, Md. 2177 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. Ardeas House IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Lew Schole Cordy Coscular a searce 109 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION sombozes 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET FACTORY, OFFICE FARM ETC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on AM obove, (1) (we) raid) (did not friew the body after death. and that in (my) (and opinion death accorded on the date and hour and from the causes stated 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITTPE OF PRINTIL 22e ADDRESS Dr. Bernard O. Thomas, Jr., M.D. Professional Building, Frederick, Md. 21701 23c NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Cremation Jan. 10, 1287 Smithsburg Crematory Smithsburg, Washington, DHMH - 16 60M 7/84 Mith, Meeney and Basford Dandon Randall (VRA 15, 4) East Church St. Frederick, Md. 2170

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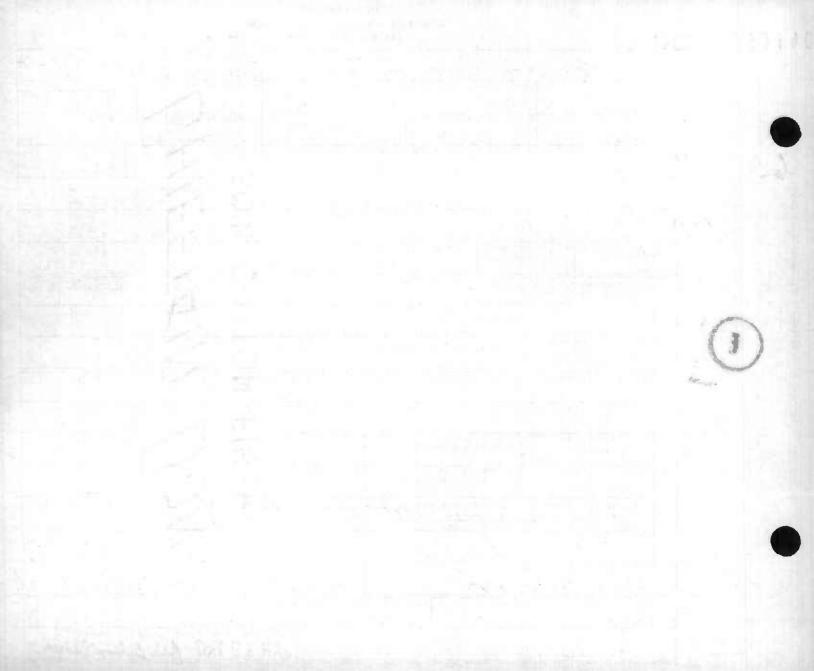
e 4 may be tar. page 3 tafter death		STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					
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and and		John	E. GO	odman Clara	H. Stier			
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Frederick

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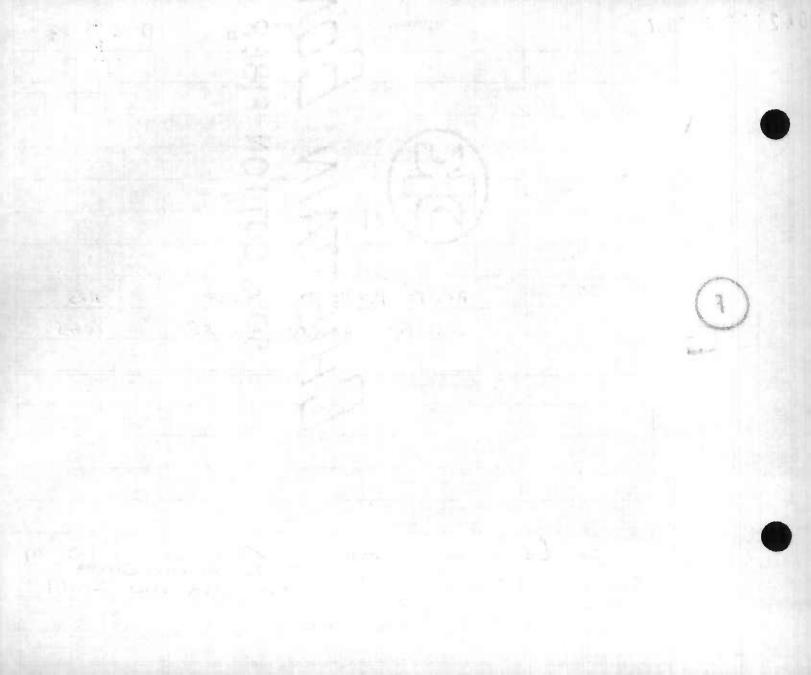
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BURTAL

G. DOUGLAS STAUFFER

1621 Opossumtown Pike, Frederick, MD 21701

24 FUNERAL DIRECTOR



040998

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J	N'I	GE GISTRAR				CERTIF	ICATE OF DEATH	5	REG. NO		See 165	2
		OR PRINT)	EMMA A	RUTH HO		LI-7	JA~ UAR 91/11/87,987 3:11 M				3: 11 M	
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		GE	ORGE I.	SMITH,	JR.		804 TOLL HO	USE_AV	E. F	REDER	CICK, MI)
	230 B	URIAL, CREMATIC	ON, REMOVAL	23b. DATE 01/1	.4/87		EMETERY OR CREMATORY PE CEMETERY	230 LOC	WOODSE	ORO	FREDER	ICK stMD

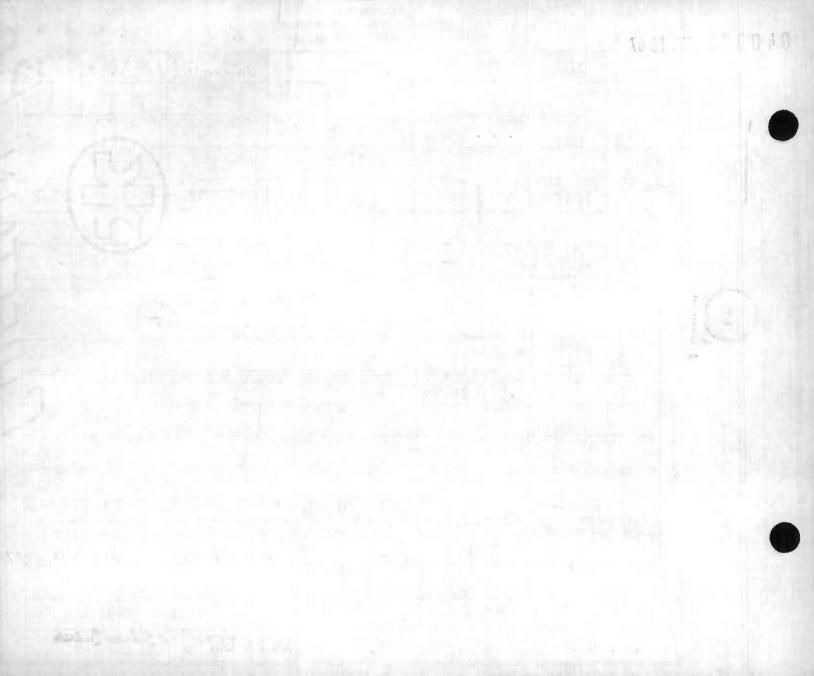
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24 FUNERAL DIRECTOR
D. HARTZLER

FOR

WOODSBORO, MD

JAN 1 4 1987



230 BURIAL, CREMATION, REMOVAL

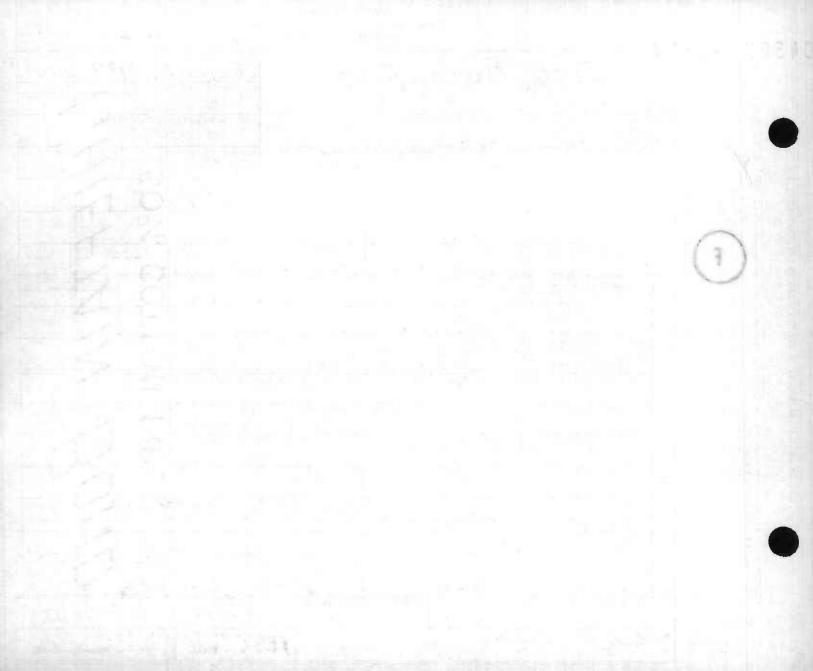
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONIH YEAR 26 HOUR 0 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS YEAR 1909 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED rederici 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY Triumph 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO [15 MOTHER'S MAIDEN NAME 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IQ distal 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA YES NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE , and that in (our) apinian death accurred on the date and hour and fram the causes stated 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DDIRECTOR PHYSICIAN 22ª ADDRESS REDERICH 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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ITAL OR by the high state Deporter of the Corte Deporter		22b. SIGNATURE	Zh my	PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
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DHMH - 16 60M 7/84 (VRA 15, 4)	Ri	cketto Funeral	ADDRESS Home Myersville	e, MD 21773	EB 4. 1987	REGISTRAR'S SIGNATURE

STATE OF MARYLAND



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(VRA 15, 4)

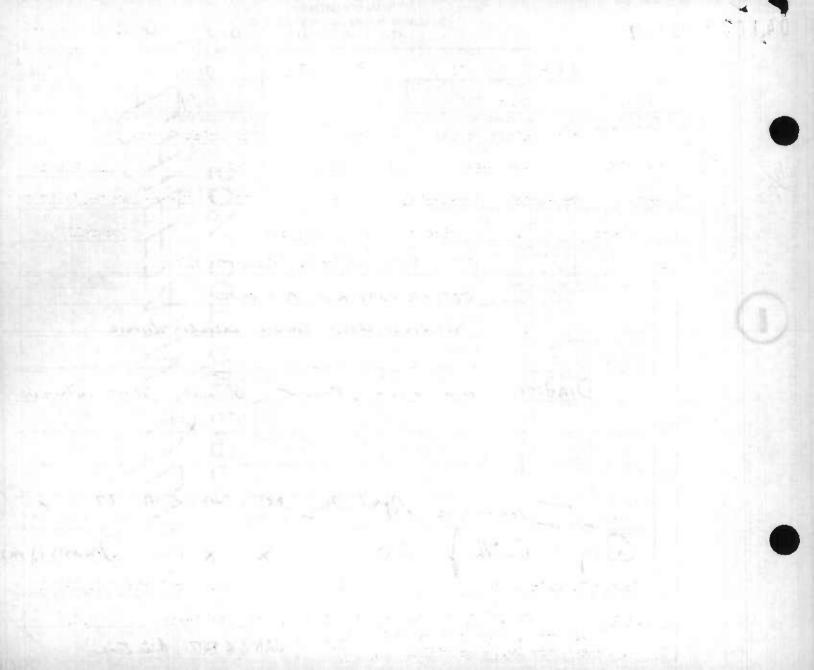
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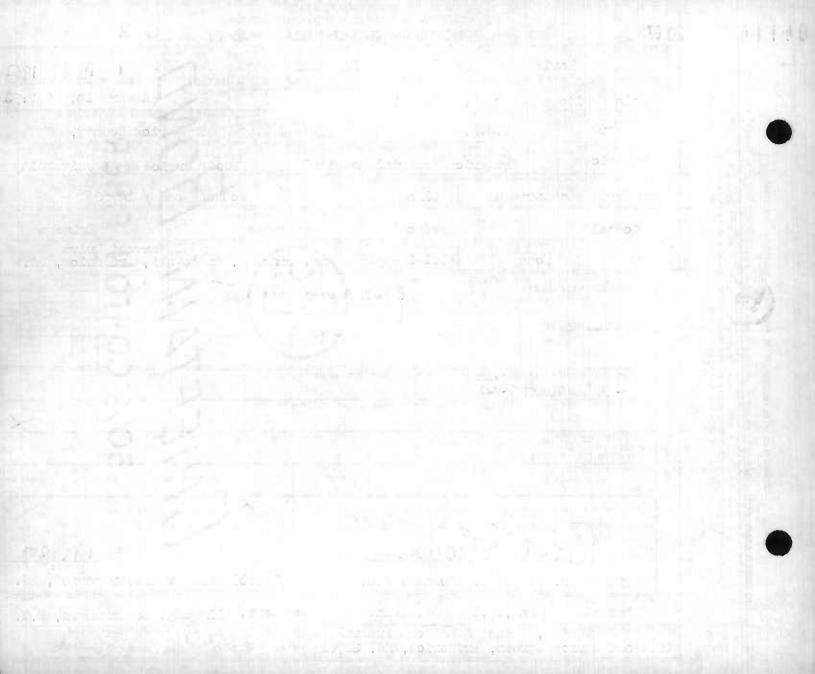
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DECEASED NAME OBERT 13,1987 January S DATE OF BIRTH December 24, 1912 Male Caucasian To BIRTHPLACE (STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Washington D.C. Frederick County Inited States WIDOWEDXX ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Real Estate Frederick Memorial Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 11595 Liberty Oak Dr. / 21707 Frederick Marvland Frederick YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cochrel1 Kreiter Laticia Robert 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 577 22 1992 Libby K. White, see #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY CEREBRO - VASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF ALTERIO SCLEROTIC CARDIO - UNSCULOR disease Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SEQUIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21h TIME OF INJURY 2 In ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIEY MEDICAL EXAMINER 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from ____ DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S & AME (TYPE OR PRINT) 804 Toll House Ave., Frederick Md. 21701 George I. Smith, MD 230 BURIAL CREMATION, REMOVAL 236. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Jan. 15, 1987 Congressional Cemetery Burial Washington 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA DHMH - 16 60M 7/B4 300 W. Montgomery Av., Rockville, Md. 20850 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN XT MONTH DAY LTYPE OR PRINTI ESTI-Marie Hazel LAGOWSKI DEATH MATED 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS 21 DATE PRONOUNCED January 14. Female Whi te June 23, 1919 DEAD 67 YRS 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. Frederick County. WIDOWED K DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Frederick Frederick Memorial Hospital Food Service University ISUAL RESIDENCE (IF IN NURSIN - IOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Olean 13d INSIDE CITY LIMITS? McCann Road cattaraugus New York NO [TE FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDOLE MIDOLE Michael Brinska Catherine Feduski MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 9991AD Harvest Drive (IF YES, GIVE WAR OR DATES) 081-14-5515 Mrs. Diane M. Jadlowski. Frederick. Md. 18 CAUSE OF DEATH (Enter only one cause per for (an (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OR AS A CONSEQU Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY JATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OF TOWN COUNTY WHILE AT WORK Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME Dr. Robert J. Thomas , M.D. 812 Tollhouse Avenue, Frederick, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Jan 19,1986 St. Bonaventure Cemetery, Allegany, Cattaraugus, N.Y. 24 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Homes Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 106 East Church Street, Frederick, Md. 21701 (VR A15 ME (5))



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN L DECEASED NAME FIRST OAY 76 HOUR PYPE OF PRIGITY OF ESTI-Lemley. Rav Ronald Sr. 25 198 3. SEX 4 RACE & AGE (INYEARS IF UNDER) YR. IF UNDER 24 HRS DAY 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Male White 1932 54 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED KI NEVER MARRIED West Virginia Frederick County. U.S.A. WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Frederick Security Guard 419 North Market Street Government. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 419 N. Market St., 21701 Frederick Frederick Maryland YESK 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME George Russell Schowalter Lemley Opal 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mrs. Doris A. Lemley, Frederick, Md.21701 YES, NO, OR UNKNOWN (IF YES, GWE WAR OR DATES 279-28-6219 18 CAUSE OF DEATH (Enter only one couse per line for o), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENSER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY FUNERAL DIRECTOR: ER DEATH, WITH THE 5 Inspection X 22e. I certify that I took charge of the remains described above, held an Autopsy Accident Homicide Undetermined manner SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Robert J. Thomas, MD 812 Tollhouse Ave., Frederick, Md. (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Jan. 29, 1987 Mount Olivet Cemetery Burial Frederick, Frederick. BP 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 1756 REGISTRAR'S SIGNATURE Smith, Keeney & Basford Funeral Hm **DHMH - 17** 106 East Church St., Frederick, Md. 21701 (VR A15 ME (5))

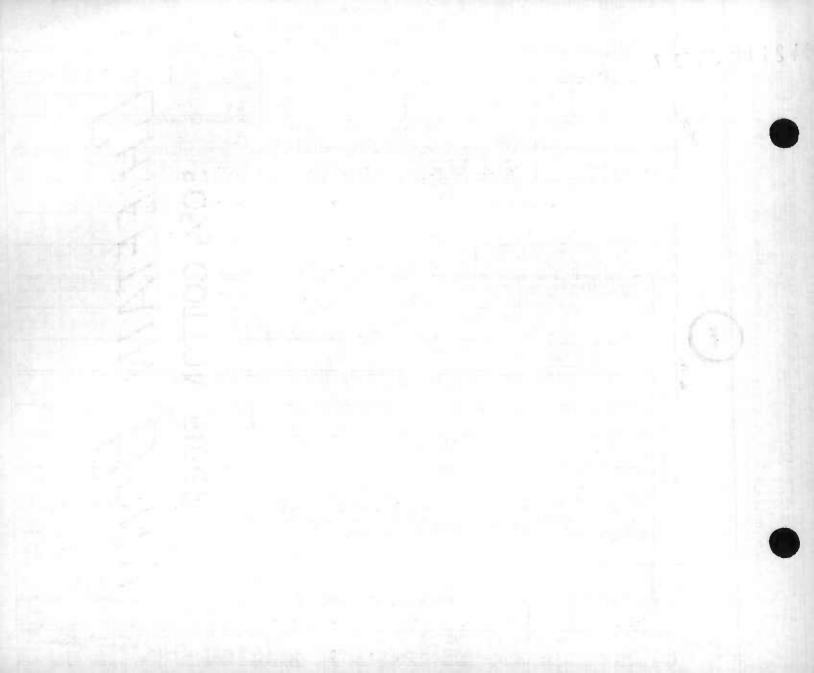
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STATE OF MARYLAND

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ge 4 may ector, pa	40	3. SEX	Female	4.	RACE	nte	5 DATE C				FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eath. Par peral dir	See A		RTHPLACE (STATE OR FO COUNTRY)	PREIGN 76	CITIZEN OF USA	WHAT COUNT	RY? 8 MARRIE WIDOWE	NEVER MARRIED DI DIVORCED	9. BALTIMORE CITY OF FREDERICK	R COUNTY O	OF DEATH	MD.
s ofter d	Pay 4	F	TY OR TOWN OF DEAT		FREDE	HEACHITY, GIVES	MORTAL	ROTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATE (14PE OF WORK FOR MOST O HOUSEWIFE			F BUSINESS OR
AND 212	r mout be	M	AL RESIDENCE (IF MURSIN ITATE ID	FREDE	ERICK	13c CITY OR FREDE		136. INSIDE CITY LIMITS? YES 🕻 NO 🗌	13e STREET ADDRESS / 504 Wilson	ZIP CODE Place	, 2170	1
BALTIMORE, MARYLAND one be executed within 24	10/	J	THER'S NAME FIRST OSEPH	(DDLE	SNOO	K	GOLDIE	MIDDLE		STA	<u>NR</u>
TIMORE be executed on a property of the proper	medice	(1	VAS DECEASED EVER IT res, no or unknown) TO	U.S. ARME (IF YES GIVE V N/A			0-2291	Reno W. Lin	ADDRE ton 504 Wi	rie		
ST., BAL	di la		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED	BY:		estice	Heint F	colung		BETWEEN	MATE INTERVAL ONSET AND DEATH
(DS, 201 W. PRESTON quires that the death co- signed by the attention	fo bursal memory or njury, occident tratumes we its.	NO	Conditions, if any, gave rise to imme couse (0), starting underlying cause	the last.	(b) DUE TO, O	R AS A CONSI	EQUENCE OF	NOT RELATED TO THE TERM)'Sega	DITION GIVE	N IN PART 1:0	3 '
AL RECOR	ows ony	CERTIFICATION	19a DATE OF OPERATE	ON	19b. COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
DIVISION OF VITAL RECORDS, ING PHYSICIAN The low require offending physician. Wher this certificate has been sign os the burnol-transit permit. There	trem 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT I OR PART 2)	
OIVISION Offer this of the but o	arked or	MEDICAL	21d. INJURY OCCURRE	E 🗆	(AT HOME, ST	OF INJURY REET, FACTORY, OF		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDI spital or CTOR: A	n 21 is m		220.1 certify that (1) (saw the decease above, (1) we) (di				19 8 + , ai	nd that in (my) our) apinian	death occurred an the do	ate and hour	and from the	
ITAL OR A Day the hose RAL DIREC	NT: # Ren		22b. SIGNATURE	20			m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DAJE	25/87
O HOSP erained to TO FUNE	with the State [IMPORTANT: If		Jether Jether	H	COL	Jeh		Y W H	St.F	retorio	141	0
ВР		I	BURIAL, CREMATION, R SPECIFY) BURIAL		23b. DATE 1/28,	/87	Restha	emetery or crematory ven Mem.Garde				
DHMH - 16 6 (VRA 15	-		NERAL DIRECTOR NAME OPOSSU			STAUFFE Freder	£55		2.7 1087	25b. REGISTR	AR'S SIGNAT	RE

STATE OF MARYLAND



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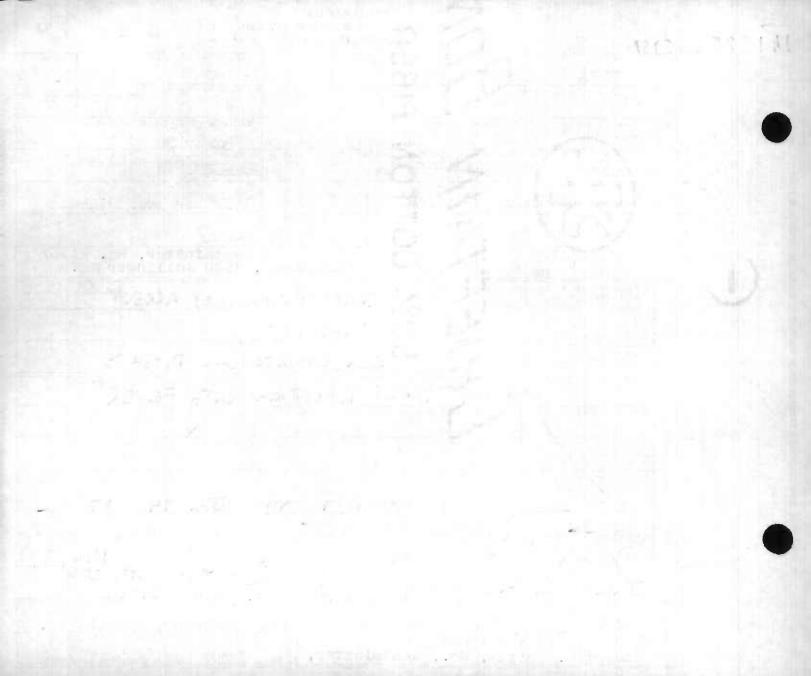
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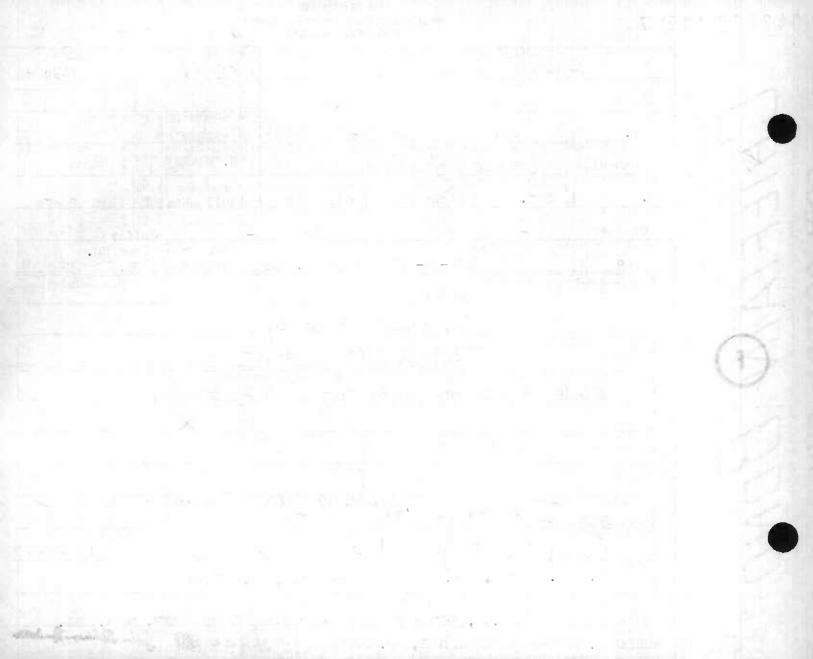
IMPORTANT: If Item 21 is marked or Item 18 shows any

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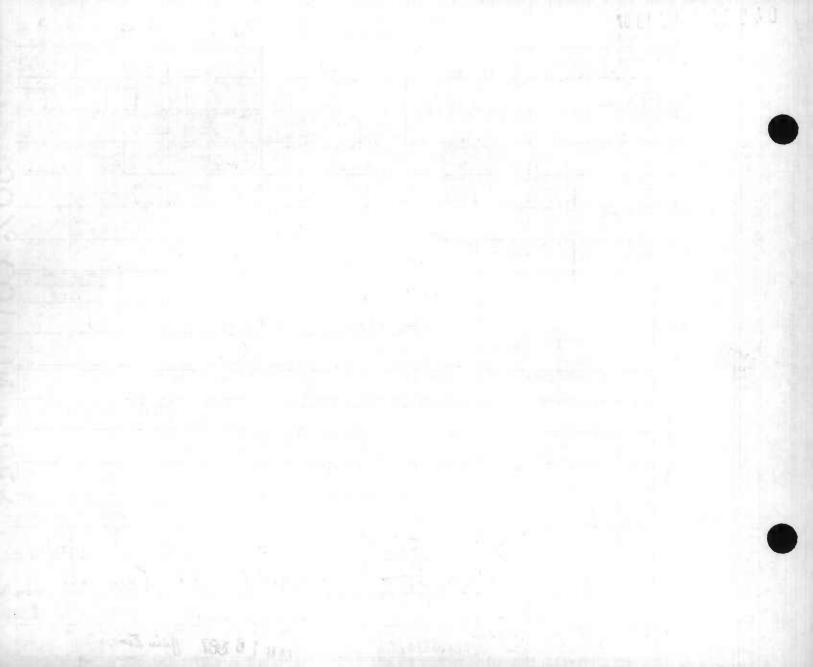
FOR STATE		DEI	STATE OF MARYLAN PARTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE
1 DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE C

N	29	STATE REGISTRAR			DEPAKIN		ICATE OF DEATH	REG. N	O.	4 0	-1 U	
	1 DEC	CEASED NAME	FIRST		AIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	AY YE AR	26 HOUR	P
-1	(1116	VIOLA		CATHERI	NE	LONG		1-14-87	N. E. C.		2:40	M
	3 SEX	Female		White		5. DATE C	-07-03	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HR	
1		CHPLACE (STATE OF FO	REIGN		WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
2	M	laryland		USA		WIDOWE		Frederick				
)	Fr	ror town of deat ederick		11. NAME OF HOSPITAL, NURSING HOME C JENOT IN SUCH FACULTY, GIVE STREET ADDRESS) CITIZENS NURSING HOME			PROTHER INSTITUTION	120 USUAL OCCUPAT LIVPE OF WORK FOR MOST OF HOUSEWITE		12b. KIND O INDUSTRY	F BUSINESS C	DR .
5	Mar	,	Fred	other institution of the control of	Freder 10	ADMISSION)	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 1421 Tane	y Ave.	21701		
1	C	THER'S NAME harles Wil				1	Lillie May	Bowers MIDDLE		LAS	1157	
	16a W	VAS DECEASED EVER II ES, NO OR UNKNOWN) NO		E WAR OR DATES)	WAR OR DATES) 215-34-6604 Tames Long 1520 Bollings							
	N.	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	oly one couse per D BY TE CAUSE (a)	line for (a), (b), and	C	ARDIOPULA	YLANON	ALRE.	APPROX	IMATE INTERVAL ONSET AND DEAT	IH.
		Conditions, if ony, which gove rise to immediate cause to isolated to the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF D. ASET 15 DUE TO, OR AS A CONSEQUENCE OF D. ASET 15 DUE TO, OR AS A CONSEQUENCE OF D. ASET 15 DUE TO, OR AS A CONSEQUENCE OF D. ASET 15 DUE TO, OR AS A CONSEQUENCE OF D. ASET 15 DUE TO, OR AS A CONSEQUENCE OF D. ASET 15 DUE TO, OR AS A CONSEQUENCE OF D. ASET 15 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										_
	NOI	PART 2 OTHER SIGN		CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM		FEVE	ER		
6	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NOW		WERE FINDING CAUSES		
		21g, ACCIDENT WAS UNDE OR CONTRIBUTING C	SE OF DE	NIII	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT (OR PART 2)		
	MEDICAL	21d. INJURY OCCURRI	ED	21e. PLACE			211 LOCATION STREET	CITY OR 10	NWN	COUNTY	STATE	
		22a. certify that (1) (saw the decease above, (1) (d alive on	12-11	19		nd that in (my) (and opinion o	death occurred on the d	ote and hour			ost
		276. SIGNATURE	> /	1. M	-	ny		MEDICAL STA	FF CIAN [22c DATE	= /87	
		22d PHYSICIAN'S NA	S.	1000	som mil		FREDERY	K MY	717	6 50	4	
	230 B	URIAL, CREMATION, F	REMOVAL		- /		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
		DUI LAI	412	Washi		ergr	reen Memoria	E REC'D BY REGISTRAR				_
		Robert I			Sr., We	estm	inster, MD	27 1097 (1	idam Pa		





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH I. DECEASED NAME 2a. DATE OF DEATH MONTH 25 HOUR EORGE 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR YEAR White L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED Frederick Marvland WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR Frederick (TYPE OF WORK FOR MOST OF WORKING LIFE: INDUSTRY Frederick Memorial Hospital Foreman Iron & Steel 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Frederick Maryland Mversville 11 Harp Place/21773 YES [] NO [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME John Daisy Main Mae Bowers 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 11 Harp Place NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-10-3052 Mae Main Myersville, MD 2177 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for 1a), (b) and II
PART I. DEATH WAS CAUSED BY: real IMMEDIATE CAUSE (a) nu Smokery Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE In I could that (II (this hospital) ottended the deceased from, , and that in (my) (our) apinian death accurred on the date and hour and from the couses stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS \$ or 73e BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STREET Zion Lutheran Cemetery Middletown Frederick Maryland 1-14-87 Buria BY REGISTRAR 256 REGISTRAP'S SIGNATURE DHMH - 16 60M 7/B4 Myersville, MD 21773 Home (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 20 DATE KNOWN (TYPE OR PRINT) ESTI-Mildred Helen DEATH MATED McCall 919 87 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED FEMALE WHITE 08 16 1968 18 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MD USA WIDOWED [DIVORCED Frederick County. D CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY NEW MIDWAY STUDENT Renner Rd near S. Creager Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NA COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD FREDERICK KEYMAR 11802 Renner Rd. YES NOX 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE WILLIAM McCALL JUDITH MAXINE DETRIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESKeymar, MD (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! NO 217-04-7650 William O. McCall 11802 Renner Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 116 TIME OF INJURY
HOUR XXI. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH 11:40M. driver in auto/fixed object impact 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, FTC 1 AT WORK AT WORK road Renner Rd nr. S. Creager Rd, Fred. MD. 220 I certify that I taak charge of the remains described above, held an Accident X death resulted from: 1 Natural causes TITLE (SPECIFY) ACTUAL 1/11/87 SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 PEnn St. Balto.MD. TYPE OR PRINT 23g BURIAL, CREMATION REMOVAL 23h DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATOR' COUNTY STATE 1/14/87 BURIAL PROVIDENCE CEMETERY KEMPTOWN FREDERICK 07:184 MD 25M 250. DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER **DHMH** - 17 1621 Opossumtown Pike, Frederick, MD 21701 (VR A15 ME (5))

STATE OF MARYLAND



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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FOR STATE

	ST	ATE	OF	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

/	0	2	U	15	1
REG. NO.		77			

	CEASED NAME FIRST									
	OR PRINTI	WIDDLE	LAST	20. DATE OF DEATH MONTH	PAY YEAR . 26. HOUR					
3. SEX	Helen	Mc	Partland	January 22, 1	987					
	(4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HR					
	Female	White	August 6 1913	73 YRS.	DATS HOURS MI					
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY						
	st Virginia	USA	WIDOWED DIVORCED	1 2 2 2 2	ountv MD					
10 CIT	ty or town of death rederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 8100 Runnymes		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Domestie	176 KIND OF BUSINESS C					
USUA 130. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BFFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	8100 Runnymeade						
	stanley	Stemp Stemp	15. MOTHER'S MAIDEN N.	hia Bres	sk i					
	VAS DECEASED EVER IN U.S. AR (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2/7 /0 4	W .	Dickinson Freder:	ick, Md. 2170					
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ENCE OF 1 1 LUTE Q1	200 AUTOPSY? 200. IF YES IN CERTIF	EN IN PART Tra					
EDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE ITE THER. NOTIFY MEDICAL EXAMINE. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DA	AY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM IB PA						
	27a I certify that (I) (this hospital) attended the deceased from									
	Dr. P. Gre		AME OF CEMETERY OF CREMATORY		k, Md. 21701					

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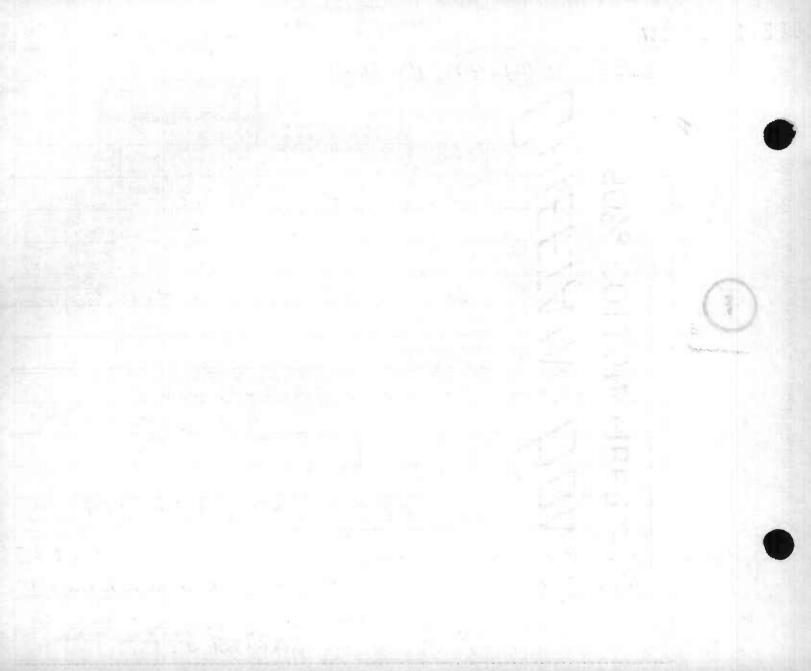
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME LAST 20 DATE OF DEATH 2h HOUR LIYPE OR PRINTS 3/ 1987 Louise JANUARY MOORE 4. RACE 5. DATE OF BIRTH 6. AGE LINYEARS LAST BIRTHDAY) 1 SEX IF UNDER 1 YEAR IF UNDER 24 HR MONTH April 20,1918 68 I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Virginia U.S.A. Frederick County, WIDOWED DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Memorial Homemaker INDUSTRY Frederick Hospital Frederick 912 Motter Place 21701 13d. INSIDE CITY LIMITS? Maryland Frederick 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Preston Carl Gochnauer Ruth 166 SOCIAL SECURITY NO. Mr. Wernal C. Moore, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 20-05-6038 ace. Frederick. Maryland 21701 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cks cerama IMMEDIATE CAUSE (o DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 AL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) this hospital) attended the deceased from and that if (my) (our) opinion death occurred on the date and hour and from the causes stated above (II) was did (d d not) view the body offer death! 226 SIGNATU 22c. DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRINTS 22e ADDRESS should b MPORT 804 Toll Mouse Ave., Fred. Md. 2170 Dr. Robert Kaufmann MD 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL 23d LOCATION Buria Mt. Olivet Cemetery Frederick Frederick Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

Maryland 287010

(VRA 15, 4)

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STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH UDECEASED NAME 26 HOUR (TYPE OR PRINT) DANIEL ELMER MUNDAY 3 SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS Aug. 24, 1907 Ma le White To. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Frederick County, Maryland WIDOWER DIVORCED [IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Braddock Hats. Vindobona Nursing Home Railroad Carman USUAL RESIDENCE (IF NURSING 13g STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Frederick 609 Tritapoe Drive / 21758 Maryland Knoxville NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Daniel E. Munday Annie Moss 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Route 1, Box 233 (IF YES, GIVE WAR OR DATES) 705-12-7897 Janie Heskett - Leesburg, Va. 22075 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOT YES T CERTI 21n ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the degeased from 31 and that in my (our) opinion death occurred on the date and hour and from the causes stated obove (1) (ive) (did) (did not) view the body after death 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME STYPE OF PRINT RUNSWICK

230 BURIAL, CREMATION, REMOVAL Burial

23b. DATE /17/87 236 NAME OF CEMETERY OR CREMATORY Union Cemetery

24 FUNERAL DIRECTOR

Lovettsville, Loudoun, Va 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

John T. Williams Funeral Home Brunswick, Md. MM O



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TAL OR THE PORT OF		226. SIGNATURES 22d. PHYSICIAN'S NAM	to the	Men			MEDICAL DIRECTOR PH	STAFF YSICIAN [221. DATE	SIGNED
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BP		BURIAL, CREMATION, RE (SPECIFY) Burial	Jan.20			EMETERY OR CREMATORY Chapel	23d LOCATION CITY OF ION Mt. Ai	ry, Fr	ederick	
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	Olin L. M	olesworth,	P.A. Da	mascus	250 DA	N 2 7 1987		Tran's SIGNATI	

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24 FUNERAL DIRECTORMITH, Keeney & Bastord Funeral Home 1250. DATE REC'D. BY REGISTRAR 256. REPISTRAR'S SIGNATURE

106 East Church St., Frederick, Md. 21701

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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STATE OF MARYLAND

ROBERTS

MARRIED NEVER MARRIED

YES []

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAM

May 8, 1909

YEAR

DIVORCED T

NO DE

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Frederick

IENE 8 / REG. NO.	0	2	J	5	1
20. DATE OF DEATH MONTH		YE	AR 2	HOUF	?
January 14,	1987				M
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9 BALTIMORE CITY OR COL	JNTY OF	DEAT	Н		
Frederick.					MD.
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MIDDLE FIRST Minnie Roberts George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214-16-1672 Rev. Fr. Mich No 18 CAUSE OF DEATH Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if ony, which gove rise to immediate couse (a), stating the cause CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION ION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [

WHILE NOT WHILE attended the deceased fro 22a.1 certify that (1) (t

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY I AT HOME STREET, FACTORY OFFICE FARM ETC 1

216. TIME OF INJURY

1/17/87

Son, VP/A.

ELIZABETH

LOUNTRY?

USA

7352 Kemp Lane

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

211 LOCATION

and that in (my) (are) apinion death ay

CITY OF TOWN

COUNTY

STATE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

Burial

E. Dailey

BTATE REGISTRAR

1. DECEASED NAME TYPE OR PRINTS

Female To BIRTHPLACE ISTATE OR FOREIGN

Maruland

10 CITY OR TOWN OF DEATH

Frederick

Maruland

4 FATHER'S NAME

3. SEX

CERTIFICATION

MEDICAL

HELEN

4 RACE

SUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Frederick

1136 COUNTY

Caucasian

M.D.

221 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and on the date and haur and from the causes stated

1-16,1987

22d PHYSICIAN'S NAME (TIPE OR PRINT)

22e ADDRESS

804 Toll House Ave. Frederick, Md. 21701

Henry V. Chase MD PA 230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

23d LOCATION

Frederick, Frederick, Maruland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

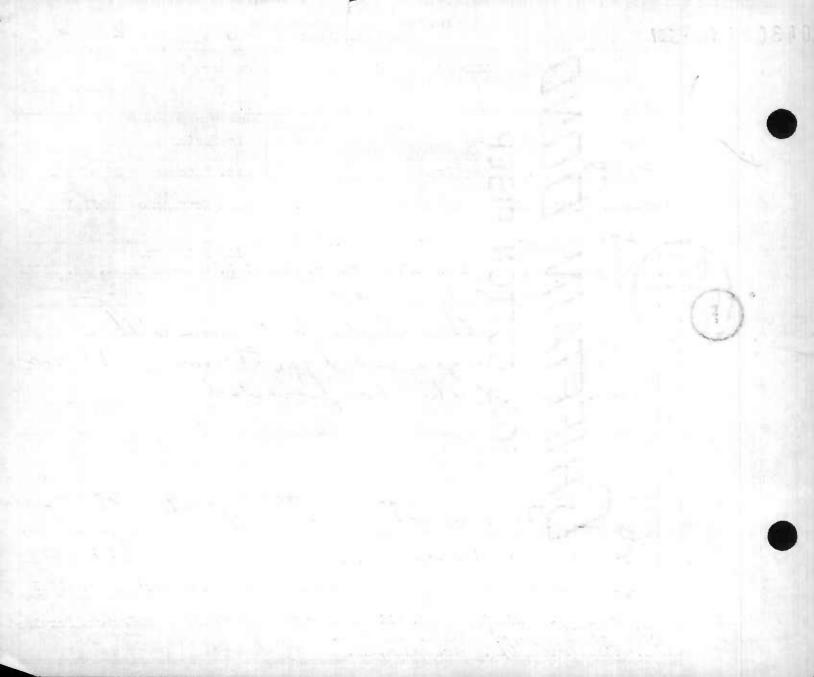
ould be detached th the State Dept

MPORTANT

1201 N. Market St. Frederick, Md.

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



						STAT	E OF MARYLAND					
61286JAN20	17	FOR STATE REGISTRAR			DEP		REALTH AND MENT		NE 8 /	0	2 0	0 0
4 1 2 0 0 4,11, 20	1. DE	EASED NAME	FIRST		MIDDLE		LAST	2	a. DATE OF DEATH		DAY YEAR	26 HOUR
a n≠	11000	SY	LVES	STER	CHARL	ES St	EWELL		JAN	1	2 87	240 pm
1 1	1. SE)			4 RACE		5 DATE	OF BIRTH	6.	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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A 11 60	Ta. BI	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8.	D NEVER MARR	9.	BALTIMORE CITY O		Y OF DEATH	CO 104
1 1 25		(OUNTRY) MD		USA		WIDOW	_		Frederi	ck		MD.
WINY /	10 C	TY OR TOWN OF DEA	ATH /		HOSPITAL, NI		OR OTHER INSTITUT		TYPE OF WORK FOR MOST OF	NC		OF BUSINESS OR
5 V 33 004		FREDERICK	/				HOSPITAL		LABORER		FARM	4
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	160 V	VAS DECEASED EVER				SECURITY NO.	17 INFORMANT		ADDRE	SSVEOI	nsville	MD
NO SON		res, no or unknown)	N/A	E WAR OR DATES)	218-1	8-7901	Richard	Monto	omery P. C). Box	x 981	, HD
ALT		8 CAUSE OF DEAT					MICHAL	noneg	Omery re-c	201		ONSET AND DEATH
T. B		PART I. DEATH W	AS CAUSE	Ď BY: E CAUSE (a)	ca	rdiac a	viest	V 234				F-01:31
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N CO		underlying cause	last.	(Ic)_								
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Value of the Color	AL O	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	M.M. MONTH	DAY YEAR						
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DIVISION OF VITAL RECORDS, 21 NG PHYSICIAN. The faw requires offending physician. Offending physician as the bornal-special permit. Then pith and Menhall Hygiene prior to businessed on feet 18 shows gay, injury, or	ME	THE NOTWH	HILE			FFICE, FARM ETC 1	STREET		CITY OR TO	WN	COUNTY	STATE
M CO A STATE OF STATE		220.1 certify that (1)		tal) attended t	he deceased f	ram	, 19	9	_, to		19	that (I) (we) last
# P P P P P P P P P P P P P P P P P P P		saw the deceas	ed alive an	I view the body	v alter death	19, o	nd that in (my) (aur)) apınian dec	oth accurred an the do	ate and ha	ui and fram the	causes stated
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H O H O H		Je	ttrey	1 4	illmon	9						
5. 2212		SURIAL, CREMATION,	REMOVA	23b. DATE		230 NAME OF	EMETERY OR CREM	AATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		BURIAL		1/17/8	37	Simpso	n U.M.Chui		New Marke		rederic	k MD
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR G						25a. DATE R	REC'D. BY REGISTRAR			URE
(VRA 15. 4)		1621 Onnes	11mt OU	m Pika	Frede	rick M	21701	110	M 1 6 1007	1.1.	A	V) :

MD

FREDERICK

NO

MD MONTGOMER1

HAWARD

N/A 218-18-7901

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PHYSICIAN:

STATE OF MARYLAND

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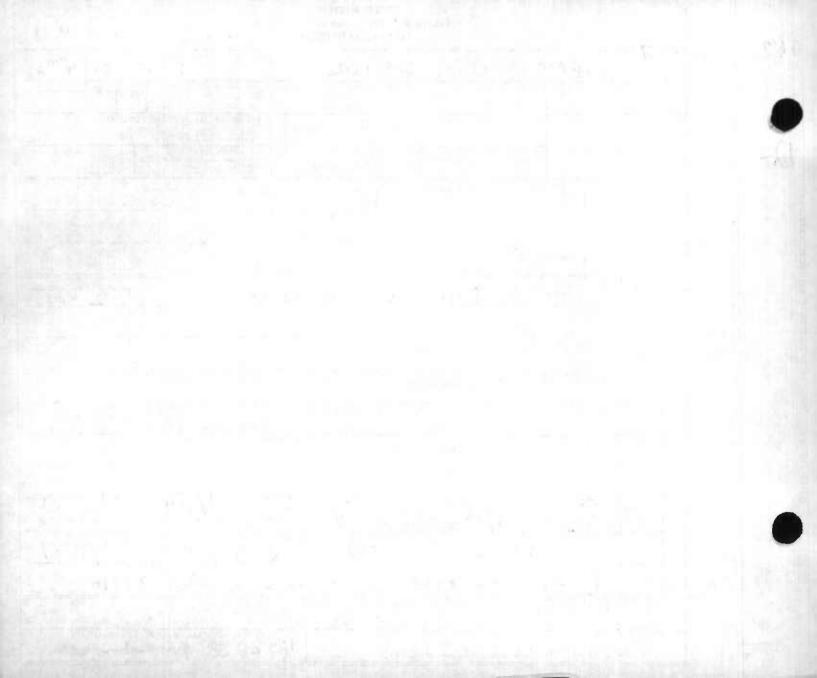
1-	STATE REGISTRAR			DEPART		ICATE OF DEATH	BIENE B REG. NO	o. 0	2 4	0 1
L. I. DECE	ASED NAME R PRINT)	PAC		Orrison	SHA	PFER	20. DATE OF DEATH	AD HINOM	V YEAR 2	430 AN
3. SEX	Female		4 RACE Whit	e	S. DATE O	DAY	6 AGE JIN YEARS LAST BIR			HOURS MIN.
L co	HPLACE (STATE OR F UNTRY) aryland	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O Frederic	R COUNTY C		MD
	OR TOWN OF DEA	тн	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	exville Rd.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIFE	F WORKING LIFE)	126 KIND OF INDUSTRY HOMEM	BUSINESS OR
130 ST	RESIDENCE (IF NURS ATE ryland	136 COUN	other institution oty erick	13c. CITY OR TOW Knoxvi	VN	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 502 Knoxv		d. / 21	758
1	HER'S NAME FIRST William	Е	dward	LAST Wenne		15. MOTHER'S MAIDEN NA FIRST Mary	MIDDLE Cath	erine		rison
(YE	IS DECEASED EVER 1. NO OR UNKNOWN) NO		MED FORCES?	219-12-1		Clifford H.	ADDRE Shaffer -	202		1. 21758
	PART I. DEATH W		lly ane cause per D BY: E CAUSE (a)	BRONCE	HOGEN	IC CARCINO	MA		BETWEENON	TRS
NO N	cause (a), statin underlying cause PART 2 OTHER SIGN In DATE OF OPERAT	last.	(c)CONDITIONS <u>C</u>		<u>DE ATH</u> BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDING ING CAUSES O	
	OR CONTRIBUTING	AUSE OF DEA	HOUR A.	OF INJURY .M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR				NO L
WE	MHILE NOT WH	RED	21e PLACE JAT HOME STI	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	20 I certify that (1) saw the decea above (1) we) 26. SIGNATURE	Dullivii on		16 19		DEGREE ATTENDING PHYSICIAN	death occurred an the do	:F	22c. DATESI	
7	2d. PHYSICIAN'S NA		PRINT!	Lichien		22e ADDRESS	wick, Mi		1716	
(5F	RIAL, CREMATION, ECIFY)	REMOVAL	23b. DATE 1/20/			emetery or crematory en Mem. Gar.	236 LOCATION CITY OF TOWN Frederi		county ederick	STATE Md.
	IERAL DIRECTOR			ADDRESS			E REC'D. BY REGISTRAR	25b. REGISTRA		RE

DHMH - 16 60M 7/B

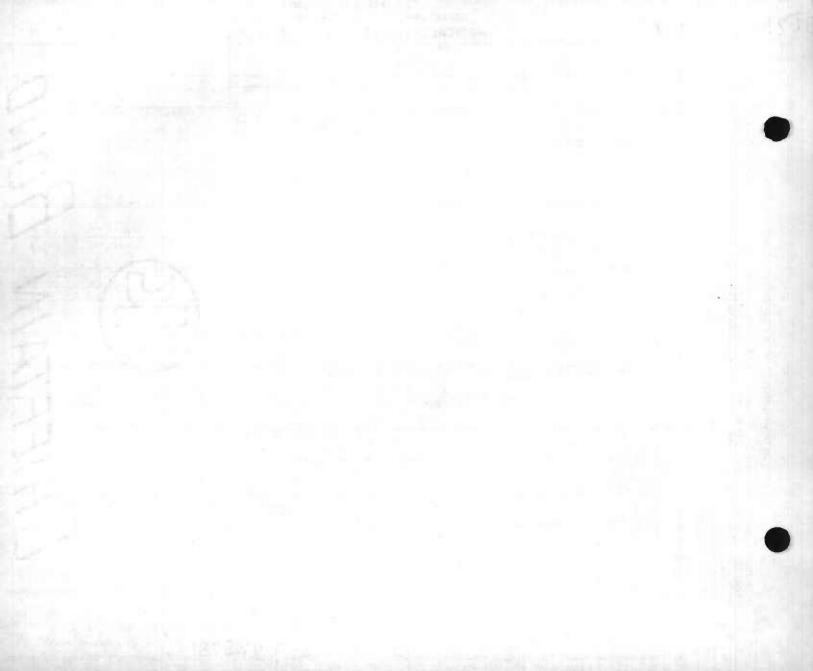
(VRA 15, 4)

BP.

John T. Williams Funeral Home Brunswick, Md.

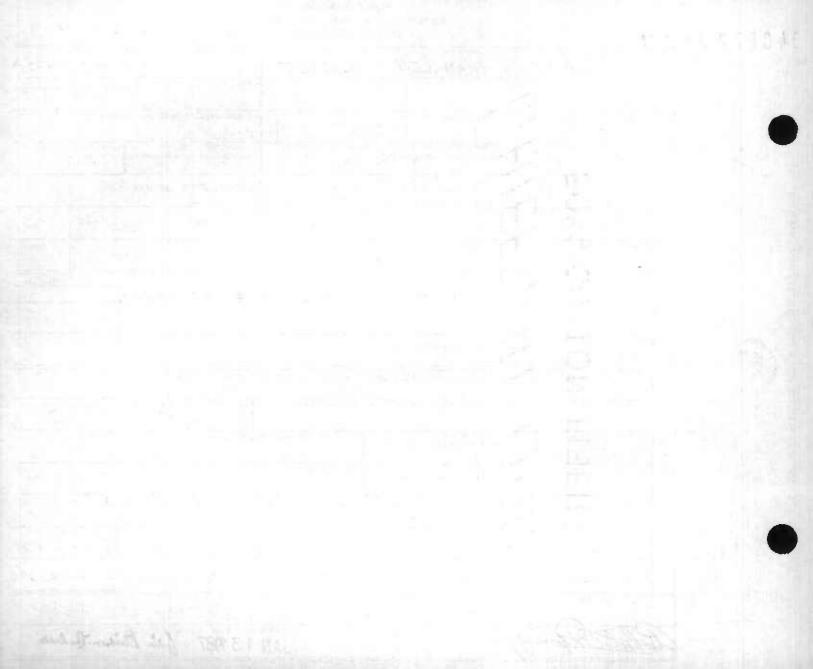


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH. REGISTRAR 20 DATE KNOWN DECEASED NAME 2b HOUR (TYPE OR PRINT) ESTI-Michael DEATH MATED SCOTT Shaffer 1987 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IE LINDER 24 HRS DATE 7:13 LAST BIRTHDAY) PRONOUNCED MALE 1987 WHITE 03 1974 12 DEAD YRS D. M 7g BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY MD USA DIVORCED Frederick County, WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Frederick Frederick Memorial Hospital STUDENT UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS FREDERICK WALKERSVILLE YES NOXX 9005 Taurus Cr 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE TERRY SHAFFER KAREN HESSELGESSER 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRWalkersville, MD I (IF YES, GIVE WAR OR DATES N/A 212-96-7897 Terry Shaffer 9005 Taurus Ct. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG Down's Syndrome 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO I 3 SHOULD BE DEPARTMENT 1 PRIOR TO BL 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 1-23 subject recovered from swimming pool 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 9005 Taurus Court, Walkersville, Frederick Co., Home EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 Maryland Autapsy XX 22a. I certify that I took charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) ACTUAL 1-25-87 Assistant EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 1/28/87 Resthaven Mem. Gardens Frederick Frederick 07/84 24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Jua Devider Randale DHMH - 17 1621 Opossumtown Pike, Frederick, MD 21701 (VR A15 ME (5))



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16	0672 11	N I	FOR STATE OREGISTRAR	DEP		EALTH AND MENTAL HYG	B / REG. NO.	2 0 6 4					
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	page 3			NCE FRANK		SCHILDT	1	-1-87 0425 A					
	E d	3.	SEX	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.					
	recta urs at		Male	Caucasian	0c1	27,1934	52 YE	RS.					
	death. P.		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTY	MARRIE	77	Frederick,	NTY OF DEATH MD.					
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AND 212	filled in could be	\$ 13	Maryland Fr	NTY 13c. CITY OF		134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C 13127 Graceha						
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TIMORE,	be execut an and ca s. Pages I	16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	SECURITY NO. 32-6785	Mrs. Mary Lo	ADDRESS 13127 Gra	Md. 21788					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ing physici remanal or remanal	atic event, th	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (o) /ECM	INAL X	MASTATIC PA	WENGAS CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
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AL RECO	an. has bee t permit.		190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO					
OF VIT	CIAN T			HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	N 18 PART 1 OR PART 2)					
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•	TTENDIN pital ar TOR: Af far use o af Health		220 I certify that (I) (this hasp saw the deceased alive a	11 61	61	nd that in (my) (aur) apinian	death accurred on the date and	hour and from the causes stated					
	IAI OR A y the has RAI DIREC detached ote Dept.		276 SIGNATURE	wohn	MD		MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED / - / - 87					
	etained by the TO FUNERAL should be det with the State			, MANACO,				UresviA, MD 21770					
	BP	23	BURIAL, CREMATION, REMOVA (SPECIFY)			idge Cemetery	Rocky Ridge,	Frederick, Ma.					
	DHMH - 16 60M 7/B4 (VRA 15, 4)	2	Cohiel Har	615 E _{ADD}	Main St	25a. DAT							



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 1 DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTI January 3. Roy SHANKLE Monroe 4 RACE IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Oct. 7. 1909 YEAR Male Whi te Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Frederick County, Marvland DIVORCED [WIDOWED IA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION Plasterer 462 Carrollton Drive JINDUSTRY Frederick Lastering Trade Maryland rederick Frederick 402 Carrollton Drive, 21701 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Annie Shankle Dennis Sarah Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 10 rederick Avenue None WAR OR DATES 233-05-4620 Miss Betty Grabill, Frederick, Md. 21701 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 70a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS FEED RIMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF HIJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 270.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. , and that in (my) (our) opinion death accurred on the date and had and from the causes stated 226. SIGNATURE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LTYPE OR PRINT 22e ADDRESS Dr. Rex R. Martin, M.D. 220 North Market St., Frederick, Md. 21701 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Parklawn Cemetery Rockville, Montgomery, Maryland BP 250 DATE REC'D DHMH - 16 60M 7/84 Smith, Keeney and Basford Funeral Home (VRA 15, 4) Fost Church Street, Frederick, Md

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EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. N	0	2	Ú	0	C
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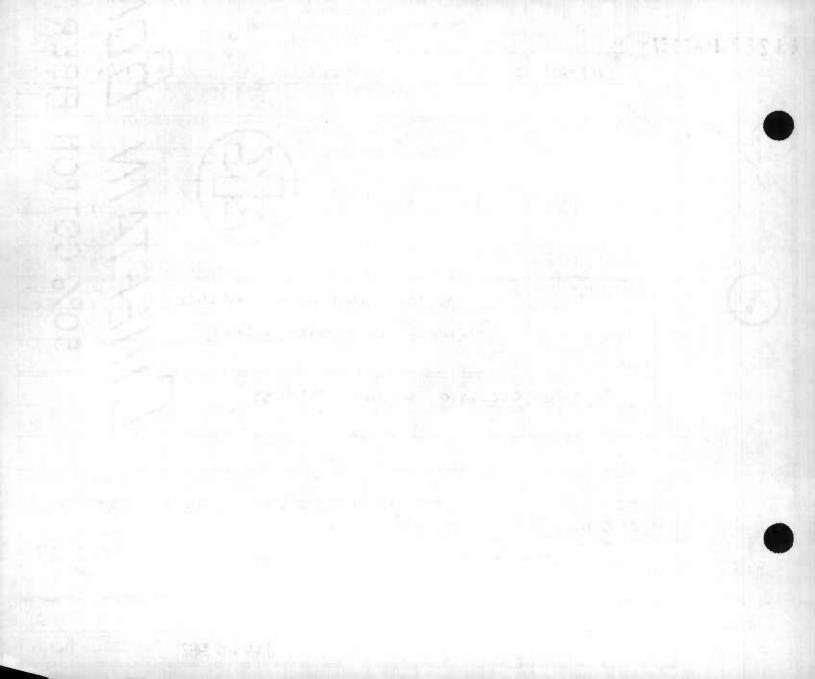
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12/20		OUNTRYS	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
1 / / / /		N. C.	U	.S.A.	WIDOWE		Frede	rick Co	unty	MD.
	10 C1	TY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITUTION	12g USUAL OCCU			BUSINESS OR
8 N 1 69	-	rederick	Free	derick	Memor	ial Hospita		maker	Own I	Home
Filled Sould be	13a. S	TATE 136 CO		13c CITY OR TO	WN	134 INSIDE CITY LIMITS?	7990 S	chooner	Ct.,	21701
thur thur 2 sh	14 FA	THER'S NAME		115		15. MOTHER'S MAIDEN NA				
y be and a second		William	NMI	Gray		Sabrina	MIDD	l E	Mid	gett
BALTIMORE, MARYLAN The executed within 2 The mod completely fill The mod 2 show The medical execution The medical execution The medical execution		AS DECEASED EVER IN U.S. ES NOOR UNKNOWN) (1F YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC 223-07		Wilder Sk:	idmore,F	990 Sch rederic	-	
all the		18 CAUSE OF DEATH (Enter	anly one cause pe	er line for (a), (b), o	nd (c+)				APPROXIM BETWEEN OF	NATE INTERVAL
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STO the contract of the contra		Conditions, if any, which		PROBABL	2 PE	erformise !	VISCUS			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the dear certification of the relation of the buriol-transit permit. Then please remove control to a sthe buriol-transit permit. Then please remove control that and Aerial Hygiene prior to buriol, creaming, or removed or item 18 show only injury. Or other transmotic even		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	DR AS A CONSEQU						
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hos lo	CERTIFICATION						YES NO	_	'ING CAUSES (DF DEATH?
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ON HYS	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	C.174	OR TOWN	COUNTY	STATE
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Se of the mount of		22a 1 certify that (1) his ho	spital) attended t	he deceased from	1-	19	10	- 1	9 77 . 11	not (I) we) lost
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the of th		MAK	ille	2		ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN []	1/-2	-87
O HOSPITAL etained by the TO FUNERAL should be det with the State		274 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS		3		
TO HOSP etained TO FUNI should be with the IMPORTA										
of Share of		URIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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			47147							

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER
ADDRESS
1621 Opossumtown Pike, Frederick, MD

JAN 16 1987 Julia Deviden Radae

21701



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ATE OF	DEATH	MONTH	DAY	YEA	R Zb	HOUR	-
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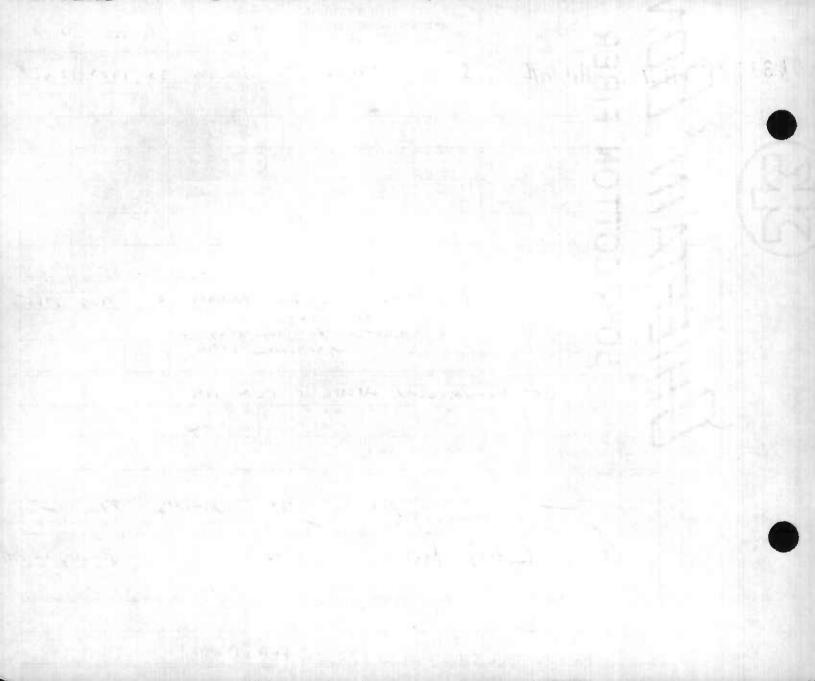
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pr		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT				
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X	10 C1	ITY OR TOWN OF DEAT	Н	11. NAME OF E	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUP	PATION	12h KIND C	E BUSINESS C	OR
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5	13a. S	AL RESIDENCE (IF NURSIN STATE Maryland	36 COUN		I CITY OR TOWN	N.	13d. INSIDE CITY LIMITS?	9827 Old	SS / ZIP CODE Frederic			
7		ATHER'S NAME					15 MOTHER'S MAIDEN NAM					_
9		William	S.	Smi Smi	th		Mary	Cath	erine	Rij	ppeon	
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		INO UNKNOWN)	None)	214-10-28	324	Patricia Ann	Keyser, F	rederick	Md.	21701	
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		AT WORK AT WORK							1	M		
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		saw the deceased above, (1) (was)	di (did no				nd that in (my) (opinian o	deoth accurred on th	e date and hour o			
		116. SIGNATURE	P		0 -	2	ATTENDING	MEDICAL S	STAFF	THE DATE	SIGNED	_
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		Des Talle		PRINT)	M D		220 ADDRESS		-		-	
		Dr. LeRo		Davis,			801 Toll Hou		Frederic	K, Md.	. 21701	_
		BURIAL, CREMATION, R SPECIFY) BURIL	EMOVAL	236 DATE	_		EMETERY OR CREMATORY	23d LOCATION	N man C	OUNTY	STATE	
		burla	. 5	Jan. 6	37701 73	irmoi	int Cemetery	Libertyto	wn, Fred	erick.	Md.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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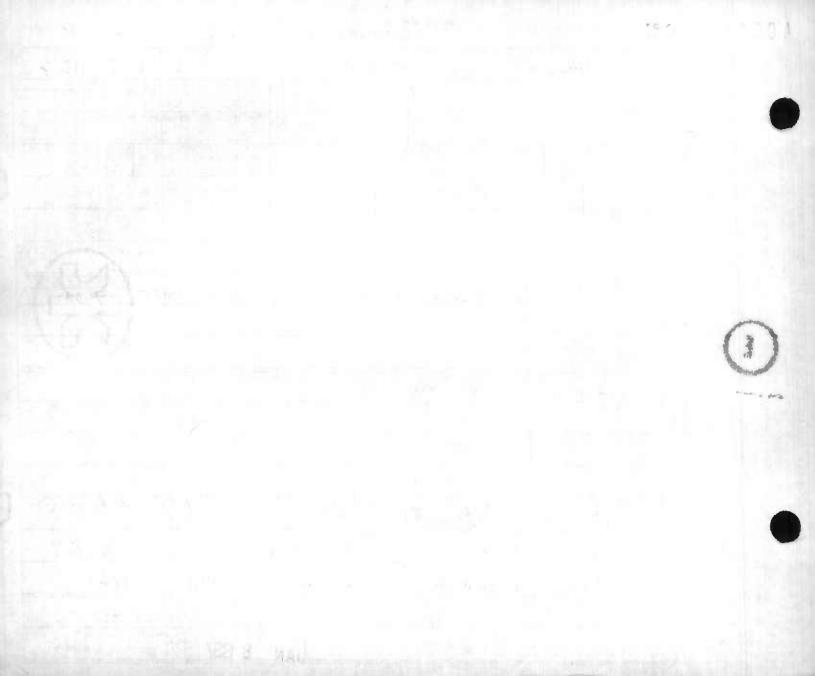
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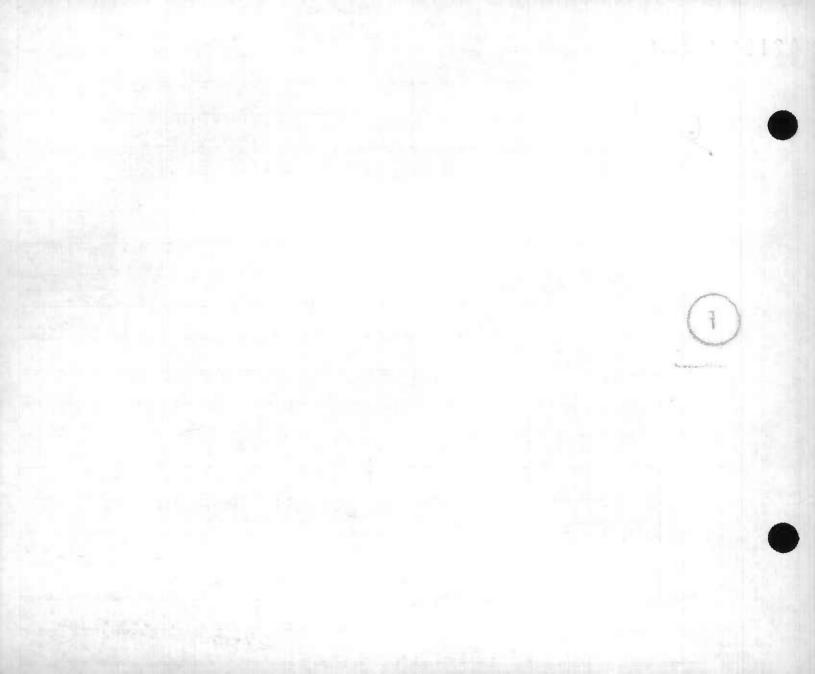
STATE OF MARYLAND

8	REG. NO.	0	2	Ú	6
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noy be poge 3	{TYPE	CEASED NAME FIRST	Marga	ret TMTG	- HORST	20. DATE OF DEATH MONTH	2 87 12 PM
4 moy	3 SE	X	4 RACE	5. DATE (6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
rs of	Fe	emale	White	Jan.	24, 1900 YEAR	86 y	RS. MONTHS DATS HOURS MIN.
a bagos		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
funeral thin 72 h	-	ermany	USA	WIDOWI		Frederick Co	ounty, MD.
0 03 0	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, G	, NURSING HOME (OR OTHER INSTITUTION	17a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
by th		Frederick	Frederick		Hospital	Housewife	Homemaker
24 hour	U5U 130.	AL RESIDENCE (IF NURSING HOME OF		OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE
22	Ma	aryland Fre		xville	YES NOX		t Drive / 21758
The state	14. F/	ATHER'S NAME	WIDOLE	LAST	15 MOTHER'S MAIDEN NA	AME	LAST
d and d		Rudolph		ttmann	Luise	?	?
dicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS 1	208 Rosemont Drive
Pog.	,	No		09-2915	Ursula Schn	neider - Knoxvi	lle, Md. 21758
sicio pers ol.		18 CAUSE OF DEATH (Enter or	nly one couse per line for to), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy phy mov		PART I. DEATH WAS CAUSE	TE CAUSE (O) LOL	102 G457	ANGESTAI OS	2 HEMORRHA	GE 7 DAYS
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Then prints or nivry, or	NO	PART 2 OTHER SIGNIFICANT	1			MINAL DISEASE OR CONDITION	GIVEN IN PART 110
he low con. hos been t permit. rene prior	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
SICIAN: The ng physicion certificate harial-transit per ental Hygier ltem 18 share	Ü	21a. ACCIDENT WAS UNDERLYING	1100100 4 44 41001	ATH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
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RECTOR red for up of Hi		saw the deceased alive of above, (1) we) (did) (did no	Three the body offer deal	19 6	nd that i (my) (our) apinion	death occurred on the date and	hour and from the couses stated
OR A e hos borked Dept f them	17.5	226. SIGNATURE	1 AA	116	DEGREE		220 DATE SIGNED
		()	Meain		MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/2/87
HOSPITAL ned by th FUNERAL Jid be det othe State		224. PHYSICIAN'S NAME STYPE O	OR PRINT)		27e ADDRESS	a Different Lines of the Control of	
		WATNE	Arlam	or	BRUNSW	ick Mp.	21716
Of of Shape	23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) Cremation	1/3/87		rg Crematory	CITY OF TOWN	KKKNKKK, Md.
		UNERAL DIRECTOR	1 2/0/01	Ditta Orio		TE REC'D. BY REGISTRAR 25b. RE	
DHMH - 16 60M 7/84 (VRA 15, 4)	J	ohn T. Williams	Funeral Hom	e Brunswi		m andres die	Condin Hudala



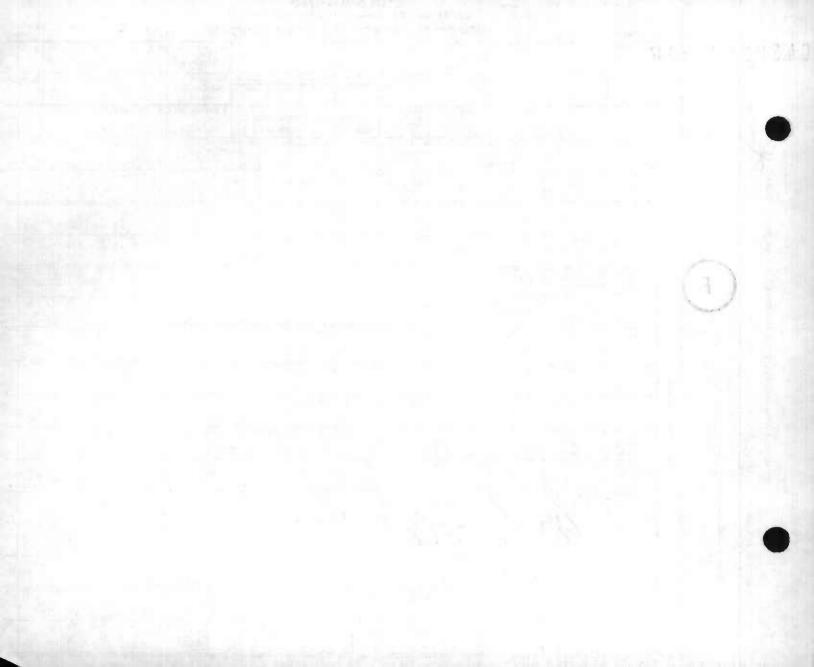
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) January 19, 1987 Ellen. 8:00P Mary TIGHE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 4. RACE IF UNDER I YEAR IF UNDER 24 HRS MONTH Female White Dec. 17. 1893 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Frederick County Illinois U.S.A. WIDOWEDK NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Frederick 8608 Burnt Hickory Circle Homemaker Home SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136, COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1632 Sanford Street 13c. CITY OR TOWN Michigan Miskegon Muskegon YES FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mary Neilan Higgins Matthew Nancy Tight 8608 Burnt Hickory Cr 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT None None 371-68-3018 Frederick, Md. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22s I certify that (I) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (aur) apinion death occurred an the date and have and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED 226 STGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jan. 20, 1987 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Kusay Barakat 335 Park Ave., Frederick, Md. 21701 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Jan. 23, 1987 Saint Marys Cemetery Muskegon, Muskegon, Michigan 24 FUNERAL DIRECTOR SMITH, Keeney & Basford Funeral Homers, Date Rec'd. By REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 106 Last Church St., Frederick, Md. 21701 (VRA 15, 4)

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STE STE	3 SEX 4. RACE 5. D	ATE OF BIRTH 6. AGE (IN YI		MIN. PRONOUNCED	DAY YEAR 2d HOUR 12:20
ON 2 OUR		2116 219 15011 20	RS.	DEAD 1/	30/1987 P M
ESS ESS ESS	76. BIRTHPLACE (STATE OR 76. (FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIE	BALTIMORE CITY OR COUN	ITY OF DEATH
STATE OF THE PERSON OF THE PER	West Virginia	USA	WIDOWED DIVORCE	I LIEUCILICA COU	
Q % # P P		NAME OF HOSPITAL, NURSING HOM	E, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
ELAY'IS NECESSARY, PLEASE TO THE KUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. EFFICE WITHIN ZH HOURS		utterfly Lane & Mt		Crusher Operator	Stone Quarry
NY DEI ND 3 TO NETAIN HOULD BE	L RESIDENCE (IF IN NURSING AOME OR OTH 130. STATE 131 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN	ION)	13e. STREET ADDRESS	Carro
5 주도판으면	W. Va. Jeffer	cson Millvill		Blair Road	99997
g rongs	M. FATHER'S NAME	DLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
A PERSON		arry Tribby	Shermar	n Naomi	James
SECOND IN	160. WAS DECEASED EVER IN U.S. ARMED		Y NO. 17. INFORMANT	ADDRESS P.	0. Box 43
BALTIMORE S AFTER DEA GIVE PAGES GIVE POREN MISION DE MISION DE	No	236-04-82	20 Patty M. 7	[ribby - Millville.	WV 25432
: Sub-Co	18 CAUSE OF DEATH (Enter only on-	e cause per line for (a), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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S PANANO		(c)			
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TALE POULD PER PARE PIAL PER	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
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> HEADS	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET		OUNTY STATE
DIV MINER: THIS C FICATE, WRIT R. FORWARDI R. FORWARDI TOR, PAGE 3 TOR, PAGE 3 MAND, 21201	AT WORK AT WORK	auto parked	Butterfly Lane	& Mt. Phillip Rd.	,Fred.Co.,Md.
一	22e I certify that I make marge of	the remains described above, held on	Autapsy X , Inspection	. Inquiry . and in my	ppinian
THE WELL	death resulted from attract co	uses . Accident	uicide	Undetermined manner,	
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ACTUAL ACTUAL	mull.	TITLE (SPECIFY)	DATE	2 /22 /27
A SHEET	SIGNATURE	- N) Chief	MEDICAL EXAMINER SIGN	
NOW NOW	EXAMINER'S NAME	E. Smialek, M.D	11	1 Penn St.	
A STEE	(TYPE OR PRINT 23s BURIAL, CREMATION, REMOVAL 23b D	THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED	•ADDRESS	123d LOCATION	
Cacaba	(SPECIFY)			CITY OR TOWN	UNTY STATE
Global Bb 4 4	Burial 2		w Cemetery	Bolivar, Jeffers	son, W. Va.
OF A15 ME (5))	Pohont I Changen	ADDRESS P. O. Draw		0 1 1 1	
War will state the state of the	Robert L. Spencer	- Harpers Ferry,	WV 63463 VW	- 100/	•



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -DSTATE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2b. HOUR DECEASED NAME FIRST TYPE OR PRINTS January 7, 1987 12:40 Theresa Mary **VENTO** 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX HOURS MONTH Whi te March 16, 1907 Female YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE / STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania Frederick County U.S.A. WIDOWED DIVORCED 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION IR CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Meridian Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Homemaker Home LIAI RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 237 Dill Ave., 21701 Maryland Frederick Frederick YES X NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Vincent DeLandro Carmella Caputo 166 SOCIAL SECURITY NO. 17 INFORMANTArthur V. Vento 237 Dill Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 166-50-9492 Frederick, Md. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY mrrs6 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost Olla betes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIFI NOL YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 7 Ib. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive an_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did no) view the bady after death. . MEDICAL ATTENDING STAFF PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the the 4 West Seventh Street, Frederick, Md. 21701 Dr. P. Gregory Rausch 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Jan. 10, 1987 Calvary Cemetery Pittsburgh, Alleghney, BP 24 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Home 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 106 East Church St., Frederick, Md. 21701

(VRA 15, 4)

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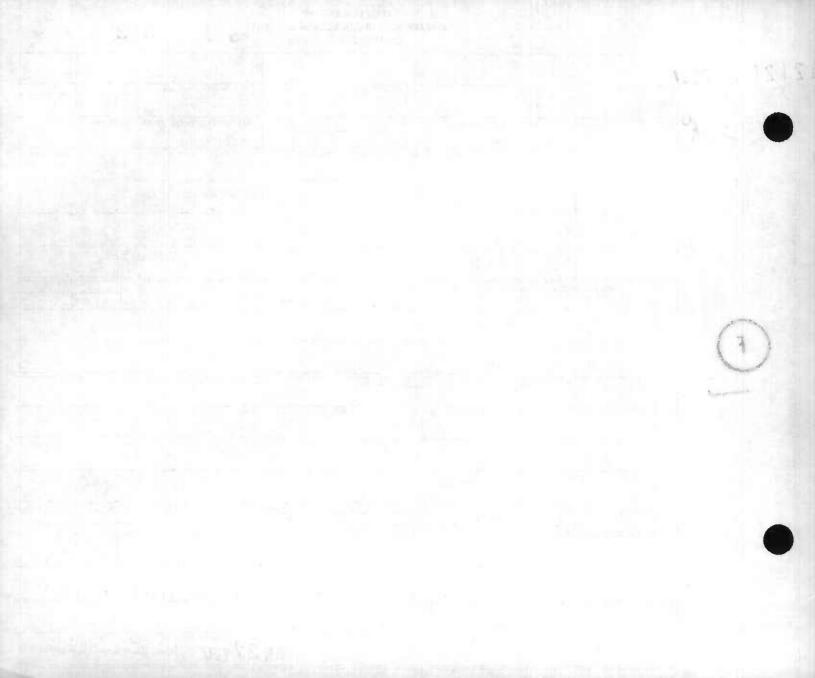
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		OR PRINT	FIRST		WIDDLE		LAST		20 DATE OF D	EATH MONTH	DAY	YÉAR	26 HOUR	ì
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		VAS DECEASED EVER		NED FORCES?	166 SOCIALS	SECURITY NO	. 17 INFOR	MANT		ADDRESS	eric	k, M	D 217	01
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	18 CAUSE OF DEATH (Enter only one couse per line for (a), lb), and (c) PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)]													
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		Conditions, if any,	which	DUE TO, O	R AS A CONSI	EOUENCE OF								
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O	CATI	19a. DATE OF OPERAT	TION	196. COND	TION FOR WI	HICH OPERAT	ION WAS PE	REORMED	20a AUTOPS	20b. IF	YES, WER	E FINDIN	GS USED	10
4	TE								YES 🗍 N	10 INCEN	YES T	LAUSES	OF DEATH	17
	CERTIFI	210. ACCIDENT WAS UNE	ERLYING	21b. TIME C			21c HOV	INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	IB PART I OF	PART 2)		
1	ICAL	OR CONTRIBUTING		n	.M. MONTH	DAY YEA								
/	old	21d. INJURY OCCURE		21e PLACE	OF INJURY		211 LOCA							
	MEDI	WHILE NOT WH	ILE .	(AT HOME ST	REET FACTORY OF	FICE, FARM, ETC.)	ST	REET		ITY OF TOWN	CC	YINU	517	ATE
		220. certify that (I)		al) attended th	a decented to			19.77	to	dia	10 \$	7-7	that (I) (w	a) last
2		saw the decease	ed alive on_	(11)	187		and that in (ny) (gur apinion	death occurred a	on the date and h	nour and f			
7	130	above, (I) (wer (c	did (did nat	view the body	after death.		DEGREE					2c. DATE		-
		ZZE. SIGNATORE	10		0.0		DEGREE	ATTENDING 1	MEDICAL	STAFF	4	LOAIL	(11-	
		22d. PHYSICIAN'S NA	AAE ITWAS OR	nuc	CLED		22e ADD	PHYSICIAN P	DIRECTOR	PHYSICIAN [1121	13.)	
		O/		1			THE ADD				1.4	12	201	
		1011		rapin			181		runo AU	-	16	00	101	
	- 1	SURIAL, CREMATION,	REMOVAL	23b. DATE				OR CREMATORY	23d LOCATI		COUN	41A	STA	ATE
	BI	JRIAL	1,153	1/24/		Loundo	n Park		Baltin				City	MD
(0.4	24. FU	JNERAL DIRECTOR (G. DOU	GLAS S'	TAUFFER	}		250. DAT	E REC'D. BY REG	ISTRAR 256 REG	ISTRAR'S	SIGNAT	URE	- 1

DHMH - 16 60M 7/84 (VRA 15, 4)

1621 Opossumtown Pike, Frederick, MD 21701

Julia Dendern-Rondock



1	29-	FOR TATE GISTRAR		EALTH AND MENTAL HYGI	REG. NO.						
		CEASED NAME FIRST JET				XENSONAL Man	Jan. 16,	26 HOUR 9:00p			
ij	3 SEX		RACE 5. DATE O				6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR		
	1	Male	Caucasian Apr.			5, 1923 YEAR	63	YRS	WORLD'S	HOURS MIN.	
2		RTHPLACE ISTATE OR FOREIGN OUNTRY) SSOUT	U.S.A.		MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Frederick Co.,				
1	1	TY OR TOWN OF DEATH ederick	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memorial Hospita				120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING LIFE) Truck Driver 110 USUAL OCCUPATION				
1	Mills Mills	issouri Bat				134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / 103 S. Wi	647	64736 11		
1	7FA		nklin Wackerman			Hazel	Lillie		Arendt		
3		VAS DECEASED EVER IN U.S. ARA ES NOORUNKNOWN) YES WW I	WAR OR DATEST	66 SOCIAL SECUI 489-24-3		James A. Wac	120		th St.	720	
		RAT I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	AS A CONSEQUE	NCE OF	· vaseda	_ cirls		APPRO: BETWEEN	Kimaté intérval Onsét and Déath	
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES C YES VES VES VES VES VES VES VES VES VES V				
1	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	ONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR EITHER NOTIFY MEDICAL EXAMINER] P.M. 19						ART I OR PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 21f LOCATION STREET CITY OR TOWN					VN	COUNTY STATE		
		220.1 certify that (I) (this haspite saw the deceased alive on_	1-16	deceased fram_	2-7 . or	nd that in (my) (aur) apinion d	, to leath occurred on the do			that (I) (we) lost	

224 PHYSICIAN'S NAME (TYPE OR PRINE)

22e ADDRESS

DEGREE

Burial, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery

23d. LOCATION
CITY OF TOWN
Adrian Missouri

24 FUNERAL DIRECTOR

(VRA 15, 4)

Service, Falls Church, VA

21 Jan 87

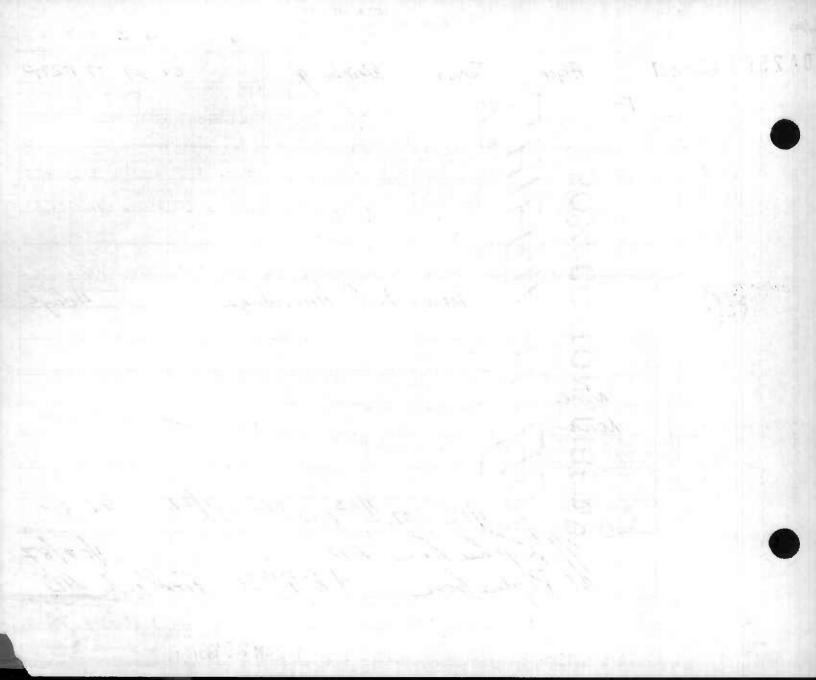
236 DATE

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

220 DATE SIGNED

Course was district Compared with the first of the compared to the



DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATI	H	BEG. NO.	U	dies 1	7			
		DECEASED NAME FIRST MIDDLE LAST							0. DATE OF DEATH	ONTH D	AY YEAR	26 HOU	R		
8		CARMEN Ercel WHITM							1-20-87	1:05 PM					
	Female RACE White			White	5. DATE OF BIRTH 7-30-92 DAY YEAR				AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	HOURS	24 HRS MIN.		
	7a BIRTHPLACE ISTATE OR FOREIGN .7b CITIZEN OF WHAT CO				WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	D 🗇 🦻	BALTIMORE CITY OR	COUNTY	OF DEATH				
7	M	Maryland USA			WIDOWED NORCED				Frederick				MD.		
).	Fre	derick		Citiz	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHITY, CHESTREET ADDRESS! HOME FOR NURSING HOME				HOMEMAKET 126 KIND OF BUSINESS OR INDUSTRY						
	Ma Ma	ryland	13b. COUNTY	ederick	GIVE RESIDENCE BEFORE 13. CITY OR TOW WAIKETS		136 INSIDE CITY LIM		36 STREET ADDRESS / Maryland A		21793				
1	11	THER'S NAME FIRST Franklin St		WIDDLE	IS MOTHER'S MAIDEN NA/ FIRST Mary Krantz				WIDDLE	LAS	LAST				
		160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			166 SOCIAL SECURITY NO. 17 INFORMANT				ADDRES	MD	2179	93			
1	N	lo	(# 163.014	E WAN OR DATES!	214-48-3514 Carmen Mart				n P. O. Bo	, Walk	, Walkersville				
1		PART I. DEATH V	VAS CAUSE	ily ane cause per D BY TE CAUSE (a)	Brandy	0/	Mumonio				BETWEEN / WC	MATE INTER	DEATH		
/	N P. C.	Canditians, if any gave rise ta im cause (a), statu underlying cause	mediate ng the e last.	(b) DUE TO, OI	R AS A CONSEQUE		al disease or cond	EN IN PART 10	9						
7	CERTIFICATION	190 DATE OF OPERA	19b COND	TION FOR WHICH OPERATION WAS PERFORMED						WERE FINDINGS USED NG CAUSES OF DEATH?					
	#		100					YES NO	FING CAUSES	- 100h					
5	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (TE EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEA	(IH	M. MONTH DA	AY YEAR	21c HOW INJURY O	OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PA					
	ME	WHILE NOTW	HILE		TEET FACTORY, OFFICE, F		STREET	- A	CITY OR TOW	N	COUNTY		TATE		
		220.1 certify that (1) (this haspital) attended the deceased fram 19													
		226. SIGNATURE	rus?	20. K	med	m	ATTENI PHYSIC	DING CIAN (1)	MEDICAL STAFF DIRECTOR PHYSICI		22c. DATE	SIGNED	7		
1		BERNAR	D O. :	THOMAS,	ACCOUNT OF THE PARTY OF		228 N. M		t St., Fred	erick	, MD 2	1701			
	23a. B	URIAL, CREMATION	, REMOVAL	1/23/			vet Cemete		23d LOCATION CITY OR TOWN Frederick	Fre	derick		STATE		
		INERAL DIRECTOR	G D			. 011			REC'D. BY REGISTRAR 2				1		

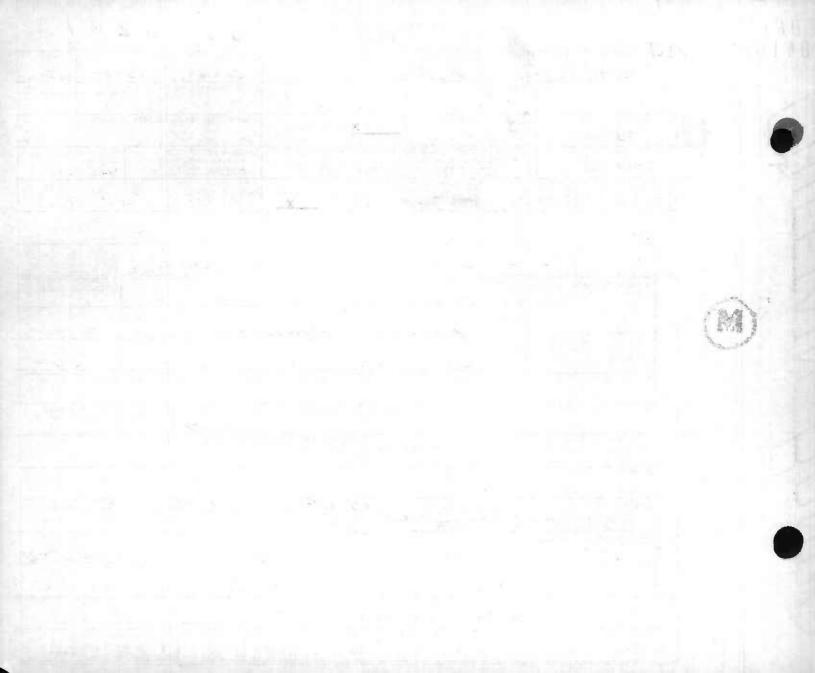
DHMH - 16 60M 7/84 (VRA 15, 4)

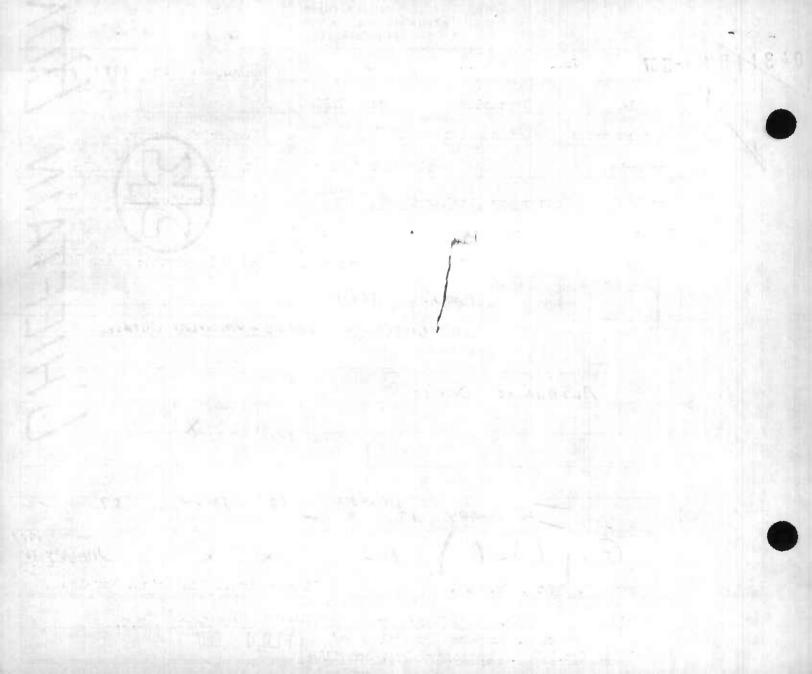
1621 Opossumtown Pike, Frederick, MD 21701

Jerden Pandalla



		1				STAT	E OF MARYLAND				-,	
041	5	h	FOR STATE		DEPARTI		EALTH AND MENTAL HYO	GIENE 8	0 2	2 0	1 1	
6.1	622 HAM	20.0	REGISTRAR				ICATE OF DEATH	REG. NO				
4 1	U J Z JAN		GEASED NAME FIRE OR PRINT)	RST	MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	and A		EDITH VI	CTORIA	ORIA WILLIDE				/3-		0/30 AM	
	0 0 1	3. SE	X	4 RACE		5. DATE (& AGE (IN YEARS LAST BIRT	HDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS	
	4 92 C		Female	Whi	.te	Janua	ary 22,1914	72	YRS			
-	2 42 60	70 E	IRTHPLACE (STATE OR FOREN	GN 76 CITIZEN O	F WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	FDEATH		
	1 11 2	7	Maryland	United	States	WIDOWI		Frederick	,	15	MD.	
~	1 21 3/	10,0	ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION		126 KIND O	F BUSINESS OR	
37	1 2 /8 /	1	Frederick	Freder	Frederick Memorial Hospital			Homemaker	Own Home			
22	1 58 00	USU 13a	STATE 1436	COUNTY	ON, GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		- 73 14 5 5 5	
QV .	2 132			arroll	Detour	2	YES NO.	1305 Keysv	ille R	d./ 21	725	
N.	1 11/17	14 F	ATHER'S NAME	WIDDIE	LAST	763	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS		
MAS	1 11/10	N	Clinton	Emory	Yoder		Anna	May		brick		
W.	1 11 17	160	WAS DECEASED EVER IN L	J.S. ARMED FORCES			17 INFORMANT	ADDRE	\$1305 K	evsvi]	lle Rd.	
IWO	1 10	1	(YES. NOOR UNKNOWN)	TES, GIVE WAR OR DATES)	215-36-7934 Carroll M. W			ADDRESS 305 Keysville R Wilhide Detour 1/1e, Md. 21725				
ALT	# 9 m		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one cause p	per line for (a), (b), an	nd Icui				BETWEEN	MATE INTERVAL ONSET AND DEATH	
	-			CAUSED BY: NEDIATE CAUSE (a)_	resp	1000	-0-7 000	rest				
N	AM V			DUE TO, OR AS A CONSEQUENCE OF								
STE	I was		Conditions, if any, which (b) heportic for 10.0									
8.			gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
3	1 100年	1	underlying cause !	ast.	C0/0-		3 mx65	60 110	7-	1	24-	
30	1 101 6	1	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART 11	a	
RDS	事 元 立	, o										
ECO	1 11157	CERTIFICATION	190 DATE OF OPERATION	IDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	WERE FINDINGS USED ING CAUSES OF DEATH?				
AL R	28 224	1 8		E B		211		YES NO	YES [NO 🗌	
VII	A HOUSE	3 8	210. ACCIDENT WAS UNDERLY		OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 2)		
0	OF THE P	1 A	(IF EITHER, NOTIFY MEDICALE	COLDENIII	P.M.	19						
NO	FT 235 3	MEDI	21d INJURY OCCURRED	LAT HOME	E OF INJURY	FARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
N/I	Of 140	1.	NOT WHILE									
	A A A A A A A A A A A A A A A A A A A		22s. I certify that (I) (thi				1981,19	to	. 19		that (we) last	
_	E a de Co		saw the deceased alive 19 57, and that in my (our) opinion death occurred on the date and haur and from the causes stated above. (If (we) (did) (kid not) view the body after death.									
	The state of the s		226 SIGNATURE DEGREE							224 DATE SIGNED		
	A A SEE		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1/1	3/80	
	TAN THE TANK		72d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS									
	D HOS		P. G. 1	Rausch, Mc	i.	100	Frederick M	emorial Hosp	./Fred	erick,	,Md.2170	
	51 5113	23a.	BURIAL, CREMATION, REA	AOVAL 236. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	BP		Durlar				le Union Cem.	Keysville,				
	DHMH - 16 60M 7/B4		UNERAL DIRECTOR	, 1	36 E. Bal	timor		TE REC'D. BY REGISTRAR				
	(VRA 15. 4)		Skiïës Funera	al Home/Ta	nevtown.M	d. 21	787	1 1 0 1987 /	Sin Trees	dema Par	dath	





artodas (1905) (